

Requisition For Equipment, Supplies, Apparatus, and Service

Chabot-Las Positas Community College District

Req. No. _____

Chabot Las Positas District

Requester Email _____

Requester

Department

Date

Purchasing Office Use Only

Delivery Required By: _____

Room #: _____

(If Fixed Asset, Room # Required)

Only ONE Vendor Per Requisition

SUGGESTED VENDOR (Address & Contact Information)

W# (if known):

Purchased From	Unit Price	Total

DESCRIPTION (Model No., Size, Color, etc.)	UNIT (ea, Box, etc.)	QTY	UNIT PRICE	TOTAL

Notes: _____

Shipping/Handling _____

Tax _____

Labor/Installation _____

TOTAL _____

Account #: _____

F.O.B. _____ Terms _____ Quote _____
Business Office Signature _____

Division Dean Signature _____

Vice President Signature _____