

# CAPE COD COMMUNITY COLLEGE

## PURCHASE REQUISITION FORM

For Purchasing Use Only

Requisition # : \_\_\_\_\_  
 Date Received : \_\_\_\_\_  
 P.O. # : \_\_\_\_\_

DATE: \_\_\_\_\_

<u>VENDOR NAME AND ADDRESS:</u>	
FAX #:	_____
EMAIL:	_____

<u>SOURCE OF PRICING:</u>	
MHEC	CONTRACT NO. _____
STATE CONTRACT	CONTRACT NO. _____
QUOTATION(S) (Written & Attached)	_____
OTHER	_____

REQUESTED BY: \_\_\_\_\_ PHONE EXT #: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_  
 COST CENTER: \_\_\_\_\_  
 SUB ACCOUNT: \_\_\_\_\_ (i.e. EE01, FF16, UU10...)

QUANTITY	CATALOG/PART #	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			<b>TOTAL</b>	

APPROVALS:

_____	DATE	_____	DATE
BUDGET MGR or DEPT HEAD (\$500 or greater)		V.P. FINANCE (\$2,500 or greater)	
_____	DATE	_____	DATE
V.P. ACAD.&STUDENT AFFAIRS (\$2,500 or greater)		PRESIDENT (\$10,000 or greater)	