REQUISITION

DATE REQUESTED: _____ INITIATED BY: _____

DATE AUTHORIZED: _____

AUTHORIZED BY: _____ _____

PRINTED NAME SIGNATURE

DELIVER ITEM TO

ROOM #: _____ DEPT: _____ CAMPUS: _____

PHONE (LOCAL): _____ DATE REQUIRED: _____

DEPARTMENT **INDEX**: _____ DEPARTMENT **ACCOUNT**: _____

OR CAPITAL PROJECT CODE: _____

QUANTITY	APPROX PRICE PER UNIT	DESCRIPTION [TITLE, AUTHOR, ISBN]

TOTAL COST BEING APPROVED: $ _____