

TRUST OR CLUB ACCOUNT REQUISITION

Enc. No. _____

TO THE COLLEGE FISCAL ADMINISTRATOR: The undersigned requests the issuance of a

Purchase Order

Check Pickup Mail

Date _____ 20 ____

Account Number	Quantity	Unit	Description	Unit Price	Total Price

Applicant's signature _____	TOTAL _____
Advisor's signature _____ (for club use only)	

DELIVER TO SHIPPING AND HANDLING

I have investigated the prices and quality and recommend that the items above be purchased, therefore make check payable to:

Name of payee/Firm _____

Address _____

City _____

Phone No. _____

APPROVED _____
Vice President

APPROVED _____
Advisor/Dept. Chair

APPROVED _____
Dean

APPROVED _____
College Fiscal Administrator

DATE RECEIVED _____