

Requisition Form

ORDERED BY:						
Name:		College/Dept:				
Date:	Phone:	Email:				
VENDOR INFORM	WATION:					
Name:				Fax #:		
Address:	Street					
SEND CHECK TO			City	,	State	∠ıp
	Requestor _	Other:				
vendoi	Nequestor	Outlet.				
FOUNDATION AC	COUNT INFORMATION:					
Fund Name: Acc						_
Type of expense:	Invoice payment _	Budget transfer		_ Purcha	se	
DESCRIPTION				QTY	UNIT	TOTAL
	_					
Attach supporting documentation such as receipts or invoices before routing to the YCCD Foundation Office.				Sub-total		
				Sales tax		
SIGNATURES:				Freight		
					TOTAL	
College/District: Acc	ount Manager		Date	For use by the YCCD Foundation:		
					•	
ollege/District: Vice	e President/President//Char	ncellor	Date			