SEND TO: **PURCHASING OFFICE**

FROM: _____
INDIVIDUAL INITIATING REQUEST

_____
DEPARTMENT

DATE: _____

GENERAL REQUISITION

PELLISSIPPI STATE
COMMUNITY COLLEGE

PURCHASING OFFICE
10915 HARDIN VALLEY ROAD
P.O. BOX 22990
KNOXVILLE, TN 37933-0990
PHONE (865) 694-6601

DO NOT WRITE IN THIS AREA

No.

NAME AND ADDRESS OF RECOMMENDED SUPPLIERS

VENDOR

VENDOR

VENDOR

THIS FORM IS YOUR GENERAL REQUISITION.

THREE (3) VENDORS MUST BE LISTED ON ALL BID ITEMS.

FORWARD TO PURCHASING OFFICE. A COPY WILL BE RETURNED FROM YOUR FILES AFTER NUMBERING. USE NUMBER FOR REFERENCE.

Clear Form

Print Form

ITEM NO.	QUANTIT	DESCRIPTION OF ITEMS OR SERVICES REQUESTED Give complete specifications, including size, color, grade, catalog name, catalog number and brand name	UNIT COST	ESTIMATED COST
			TOTAL	-

INDEX CODE	FUND CODE	ORG CODE	ACCOUNT CODE	PROGRAM CODE	DATE REQUIRED

SIGNATURE: _____
(BUDGETARY OFFICIAL)

APPROVED BY: _____
(ADMINISTRATIVE HEAD)

(DO NOT WRITE IN THIS SPACE)

DATE PREPARED: _____

NUMBER: _____