BAKERSFIELD COLLEGE

REQUISITION

REQUEST FOR: (Check one in each column)

☐ CHECK
☐ PURCHASE ORDER
☐ TRANSFER OF FUNDS
☐ SGA
☐ CO-CURRICULAR
☐ FOUNDATION
☐ MAIL
☐ PICK UP

FUND NAME: 
REQUESTED BY: 
DATE: 
P.O./CHECK/TRANSFER NO.: 

ISSUE TO:
NAME ____________________________
ADDRESS ____________________________
_________________________ ____________
zip

QUANTITY | UNIT | DESCRIPTION | UNIT PRICE | AMOUNT |
----------|------|-------------|------------|--------|
|        |      |             |            |        |
|        |      |             |            |        |
|        |      |             |            |        |
|        |      |             |            |        |

FUND ACCT #: 
ACCOUNT : 
ACTIVITY:
PROGRAM:

IMPORTANT: BAKERSFIELD COLLEGE IS NOT RESPONSIBLE for material or services purchased without proper authorization

ACTIVITY: 
DATE OF ACTIVITY: 

APPROVED BY FACULTY ADVISOR/ADMINISTRATOR 
DEAN / DIRECTOR SGA/CLUB OFFICER

APPROVED BY ____________________________ 
FOUNDATION DIRECTOR
APPROVED BY ____________________________ 
BC BUSINESS OFFICE

ALLOW 5-7 WORKING DAYS FOR THIS REQUISITION TO BE PROCESSED ONCE IT REACHES THE BUSINESS OFFICE