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

7596

BAKERSFIELD COLLEGE

REQUISITION

REQUISITION NO.:

REQUEST FOR: (Check one in each column)

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

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

FUND ACCT #:	ACCOUNT :	ACTIVITY:
PROGRAM:		

ISSUE TO:

NAME_____

ADDRESS_____

_____

zip

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

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT

ACTIVITY:	DATE OF ACTIVITY:

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

APPROVED BY _____ FOUNDATION DIRECTOR	APPROVED BY _____ BC BUSINESS OFFICE