**BAKERSFIELD COLLEGE**

**REQUISITION**

**REQUEST FOR:** (Check one in each column)

- [ ] CHECK
- [ ] PURCHASE ORDER
- [ ] TRANSFER OF FUNDS
- [ ] SGA
- [ ] CO-CURRICULAR
- [ ] FOUNDATION
- [ ] OTHER

<table>
<thead>
<tr>
<th>FUND NAME:</th>
<th>REQUESTED BY:</th>
<th>DATE:</th>
<th>P.O./CHECK/TRANSFER NO.:</th>
</tr>
</thead>
</table>

**ISSUE TO:**

- NAME ____________________________
- ADDRESS ____________________________
- ____________________________ zip

**QUANTITY** | **UNIT** | **DESCRIPTION** | **UNIT PRICE** | **AMOUNT**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACTIVITY:**

**DATE OF ACTIVITY:**

**APPROVED BY**

- FACULTY ADVISOR/ADMINISTRATOR
- DEAN / DIRECTOR
- SGA/CLUB OFFICER

**APPROVED BY**

- FOUNDATION DIRECTOR
- BC BUSINESS OFFICE

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

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

**REQUISITION NO.: 8618**