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

BAKERSFIELD COLLEGE

REQUISITION

REQUISITION NO.:

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.:        FUND ACCT #:        ACCOUNT #:        ACTIVITY:

ISSUE TO:
NAME: ____________________________
ADDRESS: ____________________________
ZIP: ____________________________

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

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<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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ACTIVITY: ____________________________   DATE OF ACTIVITY: ____________________________

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

APPROVED BY ____________________________   APPROVED BY ____________________________
FOUNDATION DIRECTOR   BC BUSINESS OFFICE