**BAKERSFIELD COLLEGE**

**REQUISITION**

**REQUISITION NO.:**

REQUEST FOR: (Check one in each column)

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

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<th>FUND NAME:</th>
<th>REQUESTED BY:</th>
<th>DATE:</th>
<th>P.O./CHECK/TRANSFER NO.:</th>
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ISSUE TO:

NAME: ____________________________

ADDRESS: ____________________________

zip: ____________________________

FUND ACCT #: | ACCOUNT: | ACTIVITY: |
-------------|----------|-----------|

PROGRAM: ____________________________

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

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<th>QUANTITY</th>
<th>UNIT</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
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ACTIVITY: ____________________________

DATE OF ACTIVITY: ____________________________

APPROVED BY ____________________________

FACULTY ADVISOR/ADMINISTRATOR

DEAN / DIRECTOR

SGA/CLUB OFFICER

APPROVED BY ____________________________

FOUNDATION DIRECTOR

APPROVED BY ____________________________

BC BUSINESS OFFICE