SAN DIEGO MESA COLLEGE
SUPPLY & EQUIPMENT REQUISITION

Department	Date:
Deliver to (Room # & Contact)	
Budget Number	Actual Date Needed
Requestor's Name	Telephone #/Email address:

A. Prepare a separate form for different vendors.
B. The form must be filled out completely, including unit price, total cost, shipping, tax, etc.
C. Attach quotes or other pertinent information.
D. Maintain a copy and forward original to Department Chair or Supervisor then to Dean, VP or Manager
E. Forward the original to Business Services, A-101

This form contains formulas to calculate extensions, sales tax and totals.

Item Description (Model, Size, Color, etc.)	Catalog, or Part Number	Quantity Wanted	Unit	Cost	
				Unit	Amount
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
Suggested Vendor Information:				**Sub-Total**	0.00
Name:					
Address:				**Shipping**	0.00
City, State, Zip:				**Total**	0.00
Phone, FAX #, Email:					
Contact Person:					

Any special installation (electrical, plumbing, etc.) requirements? Yes ☐ No ☉	RS# Estimate $
If yes, please explain installation requirements.	
If this item(s) is/are to be installed in an existing piece of equipment, please provide the District's equipment identification number(s), (EQ#):	

Approvals:

Originator:	Date:
Department Chair/Supervisor:	Date:
Dean/Manager/Vice President:	Date:
BUSINESS SERVICES USE ONLY: PURCHASE REQUISITION #	**PURCHASE ORDER #**