



## Laredo College Purchasing Requisition

**Requisition VR#**   
(to be assigned by the Purchasing Office)

**Type of Purchase:**

<b>Department Name:</b>	
<b>Department Head:</b>	
<b>Requestor Name:</b>	
<b>Requestor Email:</b>	
<b>Phone Number:</b>	

<b>Suggested Vendor Name:</b>	
<b>Suggested Vendor Address:</b>	
<b>Suggested Vendor Contact Name:</b>	
<b>Suggested Vendor Contact email:</b>	
<b>Suggested Vendor Phone number:</b>	

<b>Budget Account #:</b>	
<b>Budget Balance:</b>	
<b>Total Cost:</b>	
<b>If Grant, Enter End Date</b>	
<b>If Event, Enter Date</b>	

**Accounting Office Review/Notes:**

  
  
  
  
  

**Budget Review Signature:**

**Attention Departments:** Please ensure that a requisition number is assigned and allow two weeks for reviewing and processing. When checking status on orders, reference the assigned requisition number.

Purchases of goods and services of \$10,000 and above require three (3) quotes.

Quotes attached      Yes      No      N/A

Please use this area to enter any other comments that you would like the Purchasing Office to consider when processing your request including shipping instructions:

Heavy Duty Item   
  Requires Lift Gate   
  Unloading Dock   
 Building Name:    
 Room#:

<b>Department Requestor:</b>	
<b>Department Head Approval:</b>	
<b>Dean Approval:</b>	
<b>Executive Approval:</b>	
<b>President Approval:</b>	

(If applicable)