



**BARSTOW COMMUNITY COLLEGE DISTRICT  
FOR INTERNAL USE ONLY**

**REQUISITION**

Division \_\_\_\_\_ Date \_\_\_\_\_

Section \_\_\_\_\_ Date Needed \_\_\_\_\_

**Vendor** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

QUANTITY	UNIT	ITEM #	DESCRIPTION (Be Specific)	UNIT PRICE	TOTAL AMOUNT
M.I.S. Approval (required for computer, software & technology items)				Sub-total	
				SanBernardino County tax at 7.75%	
				Shipping & Handling Estimate	
				Sub-total	

I hereby certify upon my own personal knowledge that the expenditure requested above is necessary for the account shown.

Requisitioner: \_\_\_\_\_ Not Approved / Approved \_\_\_\_\_  
Vice-President / Dean

Budget Manager: \_\_\_\_\_ Not Approved / Approved \_\_\_\_\_  
Chief Financial Officer

Budget classification: \_\_\_\_\_ Purchase Order No. \_\_\_\_\_