



**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 8.75%	
				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. _____