



Miles College Title III Program
DEPARTMENTAL REQUISITION

DEPARTMENT REQUISITION # _____

Date Needed: _____

Department _____

Terms: _____

Date: _____

DO NOT USE THE TERM "IMMEDIATELY"
(Anticipate your needs)

ACTIVITY: _____

PURCHASED FROM: _____

VENDOR'S NAME

VENDOR'S ADDRESS

VENDOR'S TELEPHONE #

Quantity	Description	Unit Price	Total

Prices shown on here are quoted () estimated (). Current prices should be shown for items listed.

HOW DOES THIS PURCHASE MEET THE GOALS AND OBJECTIVE OF THE ACTIVITY?

SIGNATURE: _____

DATE: _____

DEPT CHAIRMAN: _____

DATE: _____

ACTIVITY DIRECTOR: _____

DATE: _____

TITLE III PROGRAM MANAGER/DIRECTOR: _____

DATE: _____