RESET

Requisition For Equipment, Supplies, Apparatus, and Service

Req. No. _____

Chabot-Las Positas Community College District

Chabot ☐ Las Positas ☐ District ☐

Requestor _____ Department _____ Date _____

Delivery Required By: _____ **Room #:** _____ (If Fixed Asset, Room # Required)

Only ONE Vendor Per Requisition

SUGGESTED VENDOR (Address & Contact Information)
W# (if known):

DESCRIPTION (Model No., Size, Color, etc.)	UNIT (ea, Box, etc.)	QTY	UNIT PRICE	TOTAL
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00

Notes:

Account #: _____

Shipping/Handling _____

Tax _____

Labor/Installation _____

TOTAL $ 0.00

Purchasing Office Use Only

Purchased From	Unit Price	Total

F.O.B. _____ Terms _____ Quote _____

Business Office Signature _____

_____ Division Dean Signature

_____ Vice President Signature