

STERLING COLLEGE REQUISITION FOR PAYMENT OR PURCHASE ORDER

Check _____ Cash _____ P.O. _____ Pcard _____

By (specific) Date: _____

PAYABLE TO: _____

Email/Fax P.O. to: _____

Address: _____

Fax #: _____

Pick up in the Business Office: _____

Account #	Qty	Description	Unit Price	Amount
_____-_____-_____	_____	_____	_____	_____
_____-_____-_____	_____	_____	_____	_____
_____-_____-_____	_____	_____	_____	_____
_____-_____-_____	_____	_____	_____	_____
Total:				_____

Request Submitted by _____

Date _____

Departmental Approval _____

Date _____

Administrative Approval _____

Date _____

Cash Received by _____

Date _____

Over/Under budget _____ initial

NOTE: Any Requisition Not Completed Properly Will Be Returned To Originator.