FOOTHILL COLLEGE
STUDENT ACCOUNTS

CHECK REQUISITION

Vendor:_____

Address:_____

City: _____

State: _____ Zip: _____

Requisition Number	
Date of Requisition	
Date Needed	
Requisitioned by	
Account to charge	
Balance of account	

__ Purchase Order

__ Will Pick up, please provide your phone number:

__ Please mail

Quantity	Description	Unit Price	Total Price

I hereby certify that to the best of my personal knowledge the articles requested hereon are necessary for use by the Associated Students of Foothill College:

_____	_____	_____
Advisor	Administrative Approval	ASFC Budget Representative
_____	_____	_____
Date	Date	Date