SOUTHERN STATE COMMUNITY COLLEGE

PURCHASE REQUISITION REQUEST

VENDOR: _____ Office Use Only

ADDRESS: _____ Requisition # _____

_____

_____ PHONE: _____

DEPARTMENT: (Check one) ☐ **LRC** ☐ **APPLIED SCIENCE** ☐ **SOCIAL SCIENCES** ☐ **ARTS/HUMANITIES** ☐ **PHYSICAL SCIENCE** ☐ **BUSINESS** ☐ **LIFE SCIENCES**

DELIVER TO CAMPUS: ☐ **NORTH** ☐ **FAYETTE** ☐ **CENTRAL** ☐ **SOUTH**

Requester's Name (Please Print): _____ Date: _____

Requester's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

ACCOUNT CODE	QUAN	UNIT	UNIT COST	Catalog # DESCRIPTION	TOTAL
				Shipping/handling charges	
				Total amount of request	

OTHER COMMENTS: (Needed by, deadline, etc.)

Submit Form by Email

** Please contact the SSCC Webmaster at webmaster@sscc.edu for suggested updates or changes to this form **