DEPARTMENT REQUISITION

SANTA BARBARA COMMUNITY COLLEGE
FOR SUPPLIES, MATERIALS & EQUIPMENT
Rev 2020-02-04

1. REQUESTER INFO

Requester Name		Date Prepared	
Department Name		Date Required	
Requester Email		Ship to:	Central Rec/Main Campus
Requester's Full Phone		No Shipping	Wake Schott

2. TYPE OF ORDER – Indicate type of order requested.   3. NUMBER OF QUOTES PROVIDED

	New Order – Not ordered/not received.		1 Quote – $2500 and under
	Order Confirmed – Ordered/not received.		3 Quotes – $2501 to $5000
	Confirming – Ordered/received.		No Quote Attached
	Prepay – Vendor requires payment prior to order.		Vendor shopping cart

4. ITEMS REQUESTED – You may skip this section if you have provided the correction number of quotes as outlined in 2 above.   If you have provided the correct number of quotes, please write "See Attached" in description below. If you did not provide the correct number of quotes, complete the section below and provide vendor info in #6 below.

This column internal use only

	QTY	MFG	MFG P/N	BRIEF DESCRIPTION (SEE QUOTE FOR FULL DESCRIPTION)	EST UNIT PRICE	EST EXT COST	ACT UNIT PRICE	ACT EST COST
1								
2								
3								
4								
5								

5. ESTIMATED TOTAL – This section is used to determine if your request requires informal or formal competitive bidding by Purchasing

$5,000.01 to $95,199.99 – Informal Request for Quote/Proposal
$95,200.00 and above – Formal advertised bid

SUBTOTAL		
SHIPPING		
TAX		
TOTAL		

6. VENDOR INFO – Provide vendor info if the total amount is over $2,500.00 & no quotes are provided.

	Vendor 1	Vendor 2 (if >$2500)	Vendor 3 (if > $2500)
Company Name			
Representative's Name			
Email Address			
Phone No.			
K Number			

7. AUTHORIZATIONS/SIGNATURES

	FUND	ORGN	ACCT	PROG	ACTV	ACTV	LOCN	PROJ
Full Budget Code								
Dean/Mgr Name & Signature			Date					
EVP/VP Name & Signature			Date					
President (if requestor is EVP/VP)			Date					

FORWARD COMPLETED FORM TO PURCHASING