



DEPARTMENT REQUISITION

SANTA BARBARA COMMUNITY COLLEGE FOR SUPPLIES, MATERIALS & EQUIPMENT

Rev 2023-03-21

1. REQUESTER INFO

Requester Name		Date Prepared	
Department Name		Date Required (don't put ASAP)	
Requester Email		Ship to: <input type="checkbox"/> Central Rec/Main Campus	
Requester's Full Phone		<input type="checkbox"/> No Shipping <input type="checkbox"/> Wake <input type="checkbox"/> Schott	

2. FULL BUDGET CODE (Through PROG at minimum)

FUND	ORGN	ACCT	PROG	ACTV	ACTV	LOCN	PROJ
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3. MORE BUDGET INFO

Who owns this budget (first, last name & title)?
Order total (including tax, fees, shipping): \$
Up to \$10,000 = 1 quote <input type="checkbox"/> = 3 quotes <input type="checkbox"/>
& over = 1 quote to be used as the standard for a public advertised bid processed by Purchasing. <input type="checkbox"/>

4. VENDOR INFO

	Vendor 1	Vendor 2 (if >\$10,000)	Vendor 3 (if > \$10,000)
Company Name			
Representative's Name			
Email Address			
Phone No.			
K Number/Prev PO#			

5. AUTHORIZATIONS

Obtain authorizations and submit to Purchasing via email as follows:

- Email budget owner you listed in section 3 and copy purchasing@sbcc.edu.
- Subject: "Dept Req - Vendor Name/Requester Last Name"
- Body of Email: "Please reply-all with approval or denial of the attached request."
- Attach this completed form, quote(s) and W9 as PDFs.