



PURCHASE REQUISITION

DATE: _____ USERNAME: _____ FIRST NAME: _____ LAST NAME: _____

DEPARTMENT: _____
 ACCOUNT: _____
 SHOP PROJECT: _____
 PURCHASER: Department Business Office
 SPECIAL PURCHASE: _____

VENDOR NAME: _____
 STREET: _____
 CITY: _____
 STATE: _____ ZIP: _____
 EMAIL: _____
 FAX: _____
 INVOICE #: _____

Qty.	Description	UNIT PRICE	TOTAL
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Item#:		
	Name of Item:		
	Shipping		
		TOTAL	

Description of item & how it will be used

Business Office Use Only

Account # _____ PO# _____

North Central Kansas Technical College

Beloit Campus
 P.O. Box 507 | 3033 U.S. Highway 24 | Beloit, Kansas 67420
 1-800-658-4655 | 785-738-2276

Hays Campus
 2205 Wheatland Ave. | Hays, Kansas 67601
 1-888-567-4297 | 785-625-2437