

PURCHASE REQUISITION



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

DEPARTMENT:

VENDOR NAME:

ACCOUNT:

STREET:

SHOP PROJECT:

CITY:

ZIP:

PURCHASER: Department Business Office

STATE:

EMAIL:

SPECIAL PURCHASE:

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# _____

Fort Hays Tech | North Central 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

fhtechno.edu