

Central Arizona Valley Institute of Technology

Purchase Requisition Form

Vendor Name:					
Vendor Contact:					
Vendor Address:					
Vendor Phone:	Vendor Fax:				
Requisitioned By:		Date:	:		
Description	Item #	Units	Unit Price	Qty	Total Amount
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Account Code:	+		GI.	Subtotal	
			Snip	ping/ Tax Total	
	<u> </u>			Totai	\$0.00
Special Instructions:					
					_
			_		
Approved By:			_ Date:		