

INTERDEPARTMENTAL REQUISITION

(PLEASE PRINT)

SUPPLIER:

NAME: _____

STREET: _____

CITY & STATE: _____

TEL. # _____ FAX# _____

DATE:

CHARGE TO CODE: _____

INDICATE ONE

REGULAR ORDER: ()

PHONE CALL: ()

Fabrication Number: _____

QUANTITY	CATALOG #	DESCRIPTION OF ITEM	UNIT COST	TOTAL

REQUESTED BY: _____

AUTHORIZED BY: _____

- Contract Vendor Used
- DMBE Minority or Woman Vendor Used
- No DMBE Minority or Woman Vendor is available
- DMBE Minority or Woman Quote is on file

DO NOT WRITE IN THIS SPACE

Search for a DMBE-Certified Minority or Woman (M/W) vendor
Search for Purchasing Contracts