

# 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