ROWAN-CABARRUS COMMUNITY COLLEGE
SALISBURY, NORTH CAROLINA

PURCHASE REQUEST

TO: Debbie Hopkins
FROM: _____
DATE: _____
DEPARTMENT: _____
PROGRAM: _____
DATE NEEDED: _____

To Be Completed by Business Office:

Purchase Order Number: _____

VENDOR ID _____

MARK ONE:

( ) Supplies
( ) Equipment
( ) Bookstore Resale
( ) Equipment Repair

VENDOR:

_____
_____
_____
_____

QTY.	COMMODITY NUMBER	DESCRIPTION OF ITEM (Include Catalog Number)	UNIT PRICE	TOTAL PRICE	SALES TAX
		APPROXIMATE TOTAL			

JUSTIFICATION: **(State how items are to be used or which courses require these materials for Instructional purposes).**

_____

APPROVAL: _____ **Program Head's Initials**

_____ _____ _____ _____
Club President/ Club Officer **Date** **Club Advisor** **Date**