Excellence: A shared vision

Trinity Valley Community College
Request For Purchase

Business Office

Ck # _____

Amt. $ _____

Date _____

CLEAR FORM

P.O.#: _____

Date: _____
mm/dd/yyyy

Requester/Dept.: _____

Campus: ○ Athens ○ Palestine ○ Kaufman ○ Terrell ○ TDCJ

Suggested Supplier: _____

Check box to have P.O. mailed ☐

Address 1 _____

Address 2 _____

Check box for verbal P.O. (This is for phone orders. No hard copy of P.O. will be generated.) ☐

_____ , _____
City State ZIP

Check box for P.O. to be returned to requester ☐

Phone #: ( ) _____

Account No.	Quantity	Complete description, including brands, stock numbers, etc.	Unit Cost	Extended Cost
			TOTAL	$0.00

President	Controller	Purchasing Department
Vice President	Assist. Vice President/Provost	Computer Purchasing
Dean/Director/Division Chair	Manager/Supervisor/Coordinator	Requester

E-MAIL

SAVE