



DEPARTMENT REQUISITION

SANTA BARBARA COMMUNITY COLLEGE

FOR SUPPLIES, MATERIALS & EQUIPMENT

Rev 2020-02-04

1. REQUESTER INFO										
Requester Name			Date Prepared							
Department Name			Date Required							
Requester Email			Ship to: Central Rec/Main Campus							
Requester's Full Phone			No Shipping			Wake		Schott		
2. TYPE OF ORDER – Indicate type of order requested.				3. NUMBER OF QUOTES PROVIDED						
New Order – Not ordered/not received.				1 Quote – \$2500 and under						
Order Confirmed – Ordered/not received.				3 Quotes – \$2501 to \$5000						
Confirming – Ordered/received.				No Quote Attached						
Prepay – Vendor requires payment prior to order.				Vendor shopping cart						
4. ITEMS REQUESTED – You may skip this section if you have provided the correction number of quotes as outlined in 3 above. If you have provided the correct number of quotes, please write "See Attached" in description below. If you did not provide the correct number of quotes, complete the section below and provide vendor info in #6 below.							This column internal use only			
QTY	MFG	MFG P/N	BRIEF DESCRIPTION (SEE QUOTE FOR FULL DESCRIPTION)	EST UNIT PRICE	EST EXT COST	ACT UNIT PRICE	ACT EST COST			
1										
2										
3										
4										
5										
5. ESTIMATED TOTAL – This section is used to determine if your request requires informal or formal competitive bidding by Purchasing \$5,000.01 to \$95,199.99 – Informal Request for Quote/Proposal \$95,200.00 and above – Formal advertised bid				SUBTOTAL						
				SHIPPING						
				TAX						
				TOTAL						
6. VENDOR INFO – Provide vendor info if the total amount is over \$2,500.00 & no quotes are provided.										
			Vendor 1		Vendor 2 (if >\$2500)		Vendor 3 (if > \$2500)			
Company Name										
Representative's Name										
Email Address										
Phone No.										
K Number										
7. AUTHORIZATIONS/SIGNATURES										
Full Budget Code			FUND	ORGN	ACCT	PROG	ACTV	ACTV	LOCN	PROJ
Dean/Mgr Name & Signature						Date				
EVP/VP Name & Signature						Date				
President (if requestor is EVP/VP)						Date				

FORWARD COMPLETED FORM TO PURCHASING