



Requisition VR#

(to be assigned by the Purchasing Office)

Laredo College Purchasing Requisition

Type of Purchase:

Department Name:	
Department Head:	
Requestor Name:	
Requestor Email:	
Phone Number:	

Suggested Vendor Name:	
Suggested Vendor Address:	
Suggested Vendor Contact Name:	
Suggested Vendor Contact email:	
Suggested Vendor Phone number:	

Budget Account #:	
Budget Balance:	
Total Cost:	
If Grant, Enter End Date	
If Event, Enter Date	

Accounting Office Review/Notes:

Budget Review Signature:

Attention Departments: Please ensure that a requisition number is assigned and allow two weeks for reviewing and processing. When checking status on orders, reference the assigned requisition number.

Purchases of goods and services of \$5,000 and above require three (3) quotes.

Quotes attached?

Please use this area to enter any other comments that you would like the Purchasing Office to consider when processing your request including shipping instructions:

☐ Heavy Duty Item	☐ Requires Lift Gate	☐ Unloading Dock	Building Name:	Room#:
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Purchasing Office Use Only:

Department Requestor:	
Department Head Approval:	
Dean Approval:	
Executive Approval:	
President Approval:	
(If applicable)	

Purchase Order #:	P
Purchase Order Date:	
Selected Vendors:	
Buyer Initials:	

Purchasing Director Signature: