

Sacramento City College

Campus-Based Account Requisition/Purchase Order

Non-LRCCD Purchase Orders

P.O. #

Date _____

Valid Only With Business Office
APPROVAL (below)

Check Request (receipts or invoices required)

Vendor _____

Purchase Order

Address _____

City _____

Hold in Business Office

Mail to Vendor

State/Zip _____

NOTE TO VENDOR:	Please include Purchase Order No. on Itemized Invoice Mail To: Sacramento City College–Business Office 3835 Freeport Boulevard Sacramento, CA 95822-1386	Please Deliver To: Sacramento City College–Receiving 3835 Freeport Boulevard Sacramento, CA 95822-1386
------------------------	---	---

Item	Quantity	Stock No.	DESCRIPTION	UNIT	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Delivery Instructions: <input type="checkbox"/> Ship to Receiving <input type="checkbox"/> Will Call	TAX	
I/WE certify the items/services listed above are obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state or federal policies, rules, regulations, and laws.	TOTAL	

REQUESTED BY _____	DATE _____	AUTHORIZED–Advisor _____	DATE _____
--------------------	------------	--------------------------	------------

AUTHORIZED–Area Manager _____	DATE _____	AUTHORIZED–Business Office _____	DATE _____
-------------------------------	------------	----------------------------------	------------

Budget Number: _____ **Activity Name:** _____

BusUnit	Account	Fund	Org	
/	/	/	/	Voucher No.
Program	SubClass	BY	Proj/Grant	
/	/	/	/	Check No.

DISTRIBUTION: Original–Vendor Yellow–Business Office Pink–Receiving Goldenrod–Area Manager Adm. Svs. 11/06