



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 \$10,000 and above require three (3) quotes.

Quotes attached Yes No N/A

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#:

Department Requestor:

Department Head Approval:

Dean Approval:

Executive Approval:

President Approval:

(If applicable)
