# SAN DIEGO MIRAMAR COLLEGE

## EQUIPMENT/SUPPLY REQUISITION

|  |  |  |
| --- | --- | --- |
| DepartmentAuto | Date: | Prepare a separate form for different vendors.1. **The form must be filled out completely, including unit price, total cost, shipping, tax, etc.**
2. **Attach quotes or other pertinent information.**
3. **Maintain a copy and forward original to Dean/VP/Manager’s office for signature.**
4. **Dean/VP/Manager to maintain a copy and forward the original to the Business Office.**
5. **The form will update calculations.**
 |
| Department Reference Number (Optional)      |
| Deliver to Room # and Contact (Required) | Actual Date Needed  |
| Budget Number | Funding Source      |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| One Word Item Description | Description Model, Color, Size, Etc. | CatalogNumber | QTY | Unit | Cost |
| Unit | Amount |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Example: Video | Communication in the Workforce, VHS | LB1375921 | 2 | EA | 21.95 | 43.90 |
|       |       |       |   |  |   |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
|       |       |       |     |  |       |  0.00 |
| Suggested Vendor: Name: Address: City,St,Zip: Phone,FAX,Email: Contact:  | Shipping | $       |
| Tax | .0775 | 0.00 |
| Total | **$ 0.00** |

|  |
| --- |
| Quote attached: Yes [ ]  No [ ]  |
| Any special installation (electrical, plumbing, etc.) requirements? Yes [ ]  No [ ]  | RS#       Estimate $       |
| If yes, please explain/additional comments:      |
| If this item(s) is to be installed in an existing piece of equipment, please provide the District’s equipment identification number(s), (EQ#):       |

|  |  |
| --- | --- |
| **Approvals: Date:** | Business Office Use Only: |
| Originator            | Input By: Date: |
| Department Chair/Supervisor | Req # PO#: |
| Dean/Manager/VP | Date: Copy to Originator Forwarded Attachments |
| IT/Audio Visual Approval (Instructional or Administrative) | IT Approval – Dean |