RESET FORM

COLLEGE OF SOUTHERN NEVADA

PURCHASE REQUEST (RX)

(MUST BE TYPED)

DOCUMENT #: 8RXA0

THIS IS NOT A PURCHASE ORDER

Preparation Date:

**Optional entry in shaded fields*

This space left blank intentionally.
For Purchasing Department use only.

DEPARTMENT INFORMATION		PC #
RESP. PERSON:	SORT CODE:	PC #
PHONE # OF REQUESTOR:	BUILDING: ROOM #	PC #

SUGGESTED VENDOR CODE: [a]

SUGGESTED VENDOR: _____

VENDOR ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: ( ) EXT: FAX #: ( ) CONTACT:

REQUESTED BY: (DEPARTMENT)

REQUESTED DELIVERY DATE (MM/DD/YY):

SHIP TO LOCATION: Campus: Cheyenne

Building: _____ Room: # _____

ACCOUNT DISTRIBUTION / COMMODITY DATA	LINE	FUND	AREA	ORGN	SORG*	OBJT	SOBJ	TOTAL [b]
	01							
	02							
	03							
	04							

a Required. Must be valid in either the VNAM or VEN2 tables.
b Account line total and commodity line total must be equal in order to process this form.
c See reverse of this form for commodity codes.

THIS IS NOT A PURCHASE ORDER

LINE	QTY	ISSUE UNIT	COMMODITY CODE [c]	UNIT COST	TOTAL COST [b]	PART #*	DESCRIPTION (Include item # if known)	ACCT REF*
1				$	$			
2				$	$			
3				$	$			
4				$	$			
5				$	$			
6				$	$			
7				$	$			
8				$	$			

Authorizing Signature: _____ Date _____

Authorizing Signature: _____ Date _____

Commodity Approval Authority: _____ Date _____

Authorizing Signature: _____

DISTRIBUTION: Purchasing Department, CSN-*White*; Department-*Canary*