# PURCHASE REQUEST FORM

**CHOOSE AN OPTION:**
- [ ] PURCHASE ORDER
- [ ] OPEN PURCHASE ORDER
- [ ] CREDIT CARD PURCHASE

## ACCOUNT CODE

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<th>FY</th>
<th>PR#</th>
<th>VENDOR ID</th>
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**Vendor Name:**

**Ship To:** Ilisagvik College

**Address:**

**Attention:** 360 NARL Stevenson St

**City, State, Zip Code:** Barrow, AK 99723

**P.O. Box:** 749

**Contact Person:**

**City, State, Zip Code:**

**Contact Number:**

**Attention:**

**Contact Fax Number:**

**Shipping Method:**

**Web Home Page:**

**Order Needed By:**

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### COLLEGE/FLEET USE

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<th>ITEM</th>
<th>QTY.</th>
<th>U/M</th>
<th>DESCRIPTION</th>
<th>PART or ISBN No.</th>
<th>UNIT PRICE</th>
<th>EXT. PRICE</th>
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**Requested By**

**Date**

**Total:**

**Est. Shipping:**

**Grand Total:**

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**Department Supervisor Approval** (authorized)

**Date**

**Grant Manager Approval** (required for all grant requests, if source code other than 00000)

**Date**

**Information Systems Approval** (for all Object Code 6210 requests)

**Date**

**Director of Finance / Controller Approval** (required if over $2,500)

**Date**

**President Approval** (required if over $10,000)

**Date**

**Business Office Approval** (required for account code)

**Date**

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**REV 03/2009**