

Business Office
P.O. Box 749
Barrow, Alaska 99723
Phone 907-852-1829
Fax 907-852-2652



PLEASE ATTACH
DOCUMENTATION

PURCHASE REQUEST FORM

CHOOSE AN OPTION: PURCHASE ORDER OPEN PURCHASE ORDER CREDIT CARD PURCHASE

ACCOUNT CODE <i>(NEEDED BEFORE APPROVAL)</i>	(Business Office Use Only)		
	FY	PR#	VENDOR ID
	10		

Vendor Name:		Ship To:	Ilisagvik College
Address:		Attention:	360 NARL Stevenson St
City, State, Zip Code:		P.O. Box:	749
Contact Person:		City, State, Zip Code:	Barrow, AK 99723
Contact Number:		Attention:	
Contact Fax Number:		Shipping Method:	
Web Home Page:		Order Needed By:	
Justification:			

COLLEGE/FLEET USE

ITEM	QTY.	U/M	DESCRIPTION	PART or ISBN No.	UNIT PRICE	EXT. PRICE
1						-
2						-
3						-
4						-
5						-
6						-
7						-
8						-
9						-
10						-

Requested By	Date	Total:	-
		Est. Shipping:	-
		Grand Total:	-

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 _____