NEW RIVER COMMUNITY AND TECHNICAL COLLEGE
DEPARTMENTAL PURCHASE REQUEST

THIS IS NOT AN OFFICIAL ORDER

VENDOR		DATE		PO #	
ADDRESS		FEIN #		CONTRACT #	
ADDRESS		PHONE		FAX	
CITY ST ZIP		QUOTED BY			

FUND	ORGANIZATION	ACCOUNT	AMOUNT

LINE	QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
				0.00
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				0.00
				0.00
				0.00
	GRAND TOTAL IF ONE PAGE OR SUB TOTAL IF MORE THAN ONE PAGE			0.00

ORGANIZATION NAME		DEPT HEAD, IMMEDIATE SUPERVISOR, OR PROJ. ADMIN. (Grants/Projects) SIGNATURE	
PREPARED BY		DEPARTMENT HEAD SIGNATURE	
PREPARED FOR		MAJOR ADMINISTRATOR SIGNATURE	