# SAN DIEGO MIRAMAR COLLEGE

## EQUIPMENT/SUPPLY REQUISITION

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| 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 |

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

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

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| --- | --- |
| 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#): | |

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| **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 |