

HORRY-GEORGETOWN TECHNICAL COLLEGE

DATE _____

P.O BOX 261966/ CONWAY, SC 29528-6066

PURCHASE REQUISITION FOR CABINET APPROVAL

DEPARTMENT _____

Requestor

Signature Approval of Department Head

SHIP TO: Conway __ Grand Strand __ Georgetown __
G S Conf Center __ Speir Healthcare Center __ Spier Dental Expansion __

P.O. Number _____

Signature Approval of Academic Dean

Signature Approval of Vice President

VENDOR INFORMATION

(A completed + signed W-9 required for New Vendors)

Signature of President

PROCEDURE FOR NON-STATE PURCHASES

ALL VENDORS MUST BE GIVEN IDENTICAL SPECIFICATIONS

- Below - 2500.00 One Vendor
- 2500.01 - 10,000.00 Attach 3 Written Quotes
- Above 10,000.01 Contact Procurement Manager

Signature Scale:

- 01-1000.00 Dept Head Only
- 1000.01-2000.00 Dept Head + Academic Dean (if applicable)
- Above 2000.00 Dept Head, Academic Dean (If applicable) & V. P.

Date Needed
Vendor Contact
Vendor Telephone #
Vendor Fax #
Vendor Email:

QUANTITY	UNIT OF MEASURE	DESCRIPTION	UNIT COST	TOTAL

ORDER PLACEMENT INSTRUCTION: Mail P.O. to Vendor () FAX P.O. to Vendor () Requestor to Pick Up Items () Requestor to Place Order ()			
IF A CHECK IS REQUIRED, PLEASE CHOOSE THE APPROPRIATE BOX. Mail Check with ORDER () Give Check to REQUESTER ()	Attach Order Form, Registration or Membership to the Requisition for Prepay Orders. For On-Line Requisitioning, write the Requisition Number on the Attachment, and send it to the Procurement Office.		

Organization and Account Number: _____

White Copy – Vendor/Requestor Yellow Copy – Finance