



Richard Bland College

of WILLIAM & MARY

Requisition

| | | | |
|--|---------------------|--|---------------|
| Vendor Name: | | Date/Name of Requestor: | |
| Vendor Federal ID # : | | Department to be charged: | |
| Vendor Address: | | Departmental Approval(s): | |
| Vendor Phone #: | | Vendor Fax Phone #: | |
| Date Goods/Service Needed By: | | State Contract #: | |
| Quoted by/Date of Quote: | | Quote Attached from Vendor (Circle One): Yes No | |
| Quoted Delivery Date: | | SWaM: | |
| Quantity: | Description: | Unit Price: | Total: |
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| | | SHIPPING/DELIVERY/ INSTALLATION: please circle one Standard 2-day Overnight Inside Installation Pick-up Other: _____ | |
| Please note on requisition if vendor takes Visa - | | Total: | |