

LIBRAS Purchase Requisition

P.O. Number:	Date:
College:	
Address:	
College Contact:	
Telephone:	Email:

Please purchase the following:

Quantity	Stock #	Description	Price Each	Total Price
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		Estimated Total	\$	
When exact prices are calculated by the group purchasing rate, the LIBRAS Treasurer will send you a Cooperative Purchasing Agreement for your signature before placing order.				

Approved by _____
(College Library Budget Authority)

Payment is due to the LIBRAS Treasurer within 30 days of receipt for goods by LIBRAS.

Approved by _____
(LIBRAS Treasurer)