Goldenrod (Service Unit) Yellow (Accounting) Blue (Working File) Green (Confirming) White (Requester)

Service Request Form

SIGNATURE CERTIFIES THAT FUNDS ARE AAVAILABLE OR DUNFDS WILL BE AMENDED FOR THE STATE ACCOUNTS, IF MULTIPLE ACCOUNTS, THEN LIST EACH IN THE DESCRIPTION SECTION.

ACCOUNT NUMBER____

DEPARTMENT NAME: ____

REQUEST NUMBER:

AUTHORIZATION NUMBER REQUIRED PRIOR TO PURCHASE WITH PETTY CASH OR CHECK REQUEST

SERVICE REQUEST (MARK ONE)

- ☐ PURCHASE REQUEST
- ☐ CHECK REQUEST
- ☐ CENTRAL STORES REQUEST
- ☐ EQUIPMENT TRANSPORT
- ☐ PETTY CASH/REIMBURSEMENT
- ☐ RECORDS STORAGE/RETRIEVAL
- ☐ PRINTING/DUPLICATING
- ☐ OTHER

APPROVAL(S) AS REQUIRED:

DEPARTMENT HEAD OR MANAGER:______________________________________ DATE

DEAN OR DIRECTOR:______________________________________ DATE

PRESIDENT OR VICE PRESIDENT: ______________________________________ DATE

SPECIAL APPROVALS:

EDP: ________________________

NUMBER: ______________________

OTHER: ________________________

DELIEVER TO:	BUILDING	ROOM NUMBER OR NAME	PERSON	DEPARTMENT(if other than requester)

DELIEVERY DATE REQUESTED:	REMARKS OR SPECIAL INSTRUCTIONS:	DIRECT INQUIRIES TO:	PHONE:

LINE #	VSU STOCK # OR CONTRACT GCC #	DESCRIPTION AND SPECIFICATIONS (catalog #, brand name, color, quantity per unit ordered)	QUANTITY AND UNIT OF ORDER	UNIT PRICE	EXTENDED PRICE
☐ SEE ____REQUEST CONTINUATION FORM(S) FOR ADDITIONAL ITEMS			**PAGE TOTAL**		
KNOWN SUPPLIERS (LIST IN BELOW SPACES)			**GRAND TOTAL**		

1.
2.
3.

RECEIVING DOCUMENT: THE ITEMS SHOWN ABOVE HAVE BEEN RECEIVED OR THE SERVICES PERFORMED AS STATED.

ITMES RECEIVED BY:______________________________ **DATE**

PROCUREMENT AUDIT:______________________________ **DATE**

CHECK REQUEST APPROVAL: PAYMENT OF THE ATTACHED INVOICE WILL NOT OVER-DRAW THE ALLOCATION FOR THE STATED ACCOUNT.

DEPARTMENT HEAD OR MANAGER:______________________________ **DATE**

DEAN OR DIRECTOR:______________________________ **DATE**

PURCHASE AUTHORITY:

MANDATORY:_____________SVACB____________

STATE/AGENCY CONTRACT:

____

SPECIAL:_____________________________________

AGENCY EXEMPT:

THIS SECTION FOR BUSINESS AND FINANCE USE

SVANB_____VENDOR GROUP S/M/B/O

GEO CODE 185 DELIEVERY TIME _________________

FOB DESTINATION __________OTHER___________

SHIP TO POINT:___________________________________

BILL TO POINT:__________________________

PAYMENT TERMS_________________________

PARTIAL PAY Y/N TAXABLE Y/N

VENDOR NUMBER________________________