

## East Los Angeles Skills Center Requisition Form

Date \_\_\_\_\_

Vendor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Vendor Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

FAX # \_\_\_\_\_

1. Fill-in all pertinent info.
2. Indicate funding source.
3. Submit for approval.

Class \_\_\_\_\_

Teacher / Staff \_\_\_\_\_

Location \_\_\_\_\_

**Attach quote from vendor. One vendor per requisition.**

Qty.	Unit (box, gal.)	Stock # Model # or ISBN #	Items by Description	Unit Price	Price Extension Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

### Funding Source

- Class Fees
- Student Body
- ROC Sales
- AC<sup>2</sup>T
- Perkins
- WIOA
- Grants

Approval: \_\_\_\_\_  
 Administrator \_\_\_\_\_  
 \_\_\_\_\_  
 Principal \_\_\_\_\_

Subtotal \_\_\_\_\_

CA Tax \_\_\_\_\_

Shipping and Handling \_\_\_\_\_

Waste Recycling (8.00 per pc) \_\_\_\_\_

Less Discount \_\_\_\_\_

**TOTAL** \_\_\_\_\_