

The Southern Baptist Theological Seminary

Equipment Requisition Form

Department: _____

Request Date: _____

Name of Cardholder: _____

Phone # _____ Fax # _____

Name of Purchaser: _____

Purchase Type: _____

Vendor: _____

Purchase Date: _____

Qty	Unit	Description	Cost per Unit	Total Cost
			Shipping	
			Total	

Purchaser Signature: _____

Date: _____

Cardholder Signature: _____

Date: _____

Account Number: _____

Project Number: _____

Quote Attached? _____ If no, reason? _____

(For Procurement Use Only) Date Received: _____