

# SETA INTERNAL REQUISITION FORM

FACILITIES USE

**F-**

REQUESTED BY: \_\_\_\_\_ DATE REQUESTED: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<b>VENDOR:</b>	<b>DELIVER TO:</b>
<b>ADDRESS:</b>	<b>ADDRESS:</b>
<b>CITY/STATE/ZIP:</b>	<b>CITY/STATE/ZIP:</b>
<b>ATTENTION:</b>	<b>CONTACT:</b>
<b>PHONE:</b>	<b>PHONE:</b>
<b>EMAIL:</b>	<b>EMAIL:</b>

LINE	MFG PART OR ITEM NO.	QTY	UNIT*	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1						\$0.00
2						\$0.00
3						\$0.00
4						\$0.00
5						\$0.00
6						\$0.00
7						\$0.00
8						\$0.00
9						\$0.00
10						\$0.00

Up to \$3,000 = 1 quote \$3,001-\$50,000 = 2 documented quotes \$50,001-\$100,000 = 3 written quotes Over \$100,000 = Board approval <b>Please contact Fiscal for over \$100K</b>	Enter Tax Rate:	0.00%	TAX:	<b>\$0.00</b>
			<b>SUB-TOTAL:</b>	<b>\$0.00</b>
			<b>SHIPPING:</b>	
			<b>GRAND TOTAL:</b>	<b>\$0.00</b>

UNIT\* BX=Box,C=Hundred,CS=Case,CT=Carton,DZ=Dozen,EA=Each, PD=Pad, PK=Pack, PR=Pair, RL=Roll, RM=Ream, ST=Set, TU=Tube

COMMENTS:

<b>SUPERVISOR/MNGR. APPROVAL</b>		DATE:	(Forward to Dept. Chief/D.D.)
<b>DEPT. CHIEF/D.D. APPROVAL</b>		DATE:	(Forward to IT Chief, if computer related)
<b>IT CHIEF APPROVAL</b>		DATE:	(Forward to Fiscal Chief)
<b>FISCAL CHIEF APPROVAL</b>		DATE:	(Forward to Executive Director if > \$50,000)
<b>EXECUTIVE DIRECTOR APPROVAL</b>		DATE:	

**NOTE: If an internal requisition is denied, Supervisor/Chief/D.D. please notify requisitioner.**

**FUNDING SOURCES: Please select which funding source(s) to charge.**

_____ WIOA Adult	_____ Head Start		
_____ WIOA Youth	_____ Early Head Start	<b>COST CENTERS</b>	
_____ WIOA Dislocated Worker	_____ Head Start T & TA	_____	Adm
_____ WIOA Formula Pool	_____ Early Head Start T&TA	_____	Prog
_____ All WFD Pool	_____ EHS-CCP		
_____ Rapid Response	_____ EHS-CCP T&TA		Adm Pool
_____ CSBG	_____ CDE		(All Funding)
_____ CSBG Discretionary	_____ CACFP		
_____ Refugee (RSS)	_____ Other (Please Specify)		
_____ Targeted Assistance (TA & TAD)			

G/L: \_\_\_\_\_