

SETA INTERNAL REQUISITION FORM

FACILITIES USE

F-

REQUESTED BY: _____ DATE REQUESTED: _____

PHONE: _____ EMAIL: _____

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

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 Please contact Fiscal for over \$100K	Enter Tax Rate:	0.00%	TAX:	\$0.00
			SUB-TOTAL:	\$0.00
			SHIPPING:	
			GRAND TOTAL:	\$0.00

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:

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