FOOTHILL COLLEGE
STUDENT ACCOUNTS

CHECK REQUISITION

Vendor:_____

Address:_____

City: _____

State: _____ Zip: _____

Requisition Number	
Date of Requisition	
Date Needed	
Requisitioned by	
Account to charge	
Balance of account	

- ☐ Purchase Order
- ☐ Will Pick up, please provide your phone number:
- ☐ Please mail

Quantity	Description	Unit Price	Total Price

I hereby certify that to the best of my personal knowledge the articles requested hereon are necessary for use by the Associated Students of Foothill College:

Advisor	Administrative Approval	ASFC Budget Representative
Date	Date	Date

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STUDENT ACCOUNTS OFFICE (650) 949-7280