REQUISITION		Payment Method: CC Acct Ordered:		
	SOUTHERN ADVENTIST UNIVERSITY PLANT SERVICES 10101 PARK LANE, COLLEGEDALE, TN. 37315	Office Use Only CIP #:PO #:		
Date:	Task #:	Charge to:		
Requested by:		GL #:		
Building Name:		Dir's Signature:Rus	sh!	
Other:		Company Name:		

Quantity	Discription	Price Ea	Total
I:\Management\Pu	Irchasing\Blank Forms\Requisition Form Grand Total		