

Virginia Western Community College

SEND INVOICE TO: Accounts Payable
 3093 COLONIAL AVENUE SW
 ROANOKE, VA 24015

BUILDING/ROOM #: FISHBURN HALL, ROOM #209

REQUISITION

Vendor/Payee Name and Address:	Payee Fed. ID/SSN/Empl ID:	Requisition Date
Payee Name:		
Address:	Club Name	Date Needed
Phone:	CLUB ACCOUNT #	Mail or Pick up?

Please enter justification of purchase:

*Include receipts for all purchases or reimbursements.
 Sign and date invoices 'okay to pay' in lieu of a receiving report*

QTY/UNIT	DESCRIPTION	UNIT PRICE	TOTAL
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Subtotal	\$0.00
		Tax	\$0.00
		Shipping	\$0.00
		OTHER	\$0.00
			\$0.00

Local Fund Requisition Approvals

Officer (President, VP or Treasurer)	Date:	Financial and Administrative Services	Date:
Second Officer (President, VP, Secretary or Treasurer)	Date:		
Advisor or Student Activities Coordinator	Date:		