



ST. NORBERT COLLEGE REQUISITION

Date _____

TO THE BUSINESS OFFICE:

Vendor Name _____ SSN/TIN _____

Campus ID _____ Required only if payment request is for SNC employee or student

Complete Address of Vendor _____

(Address is required) _____

Charge to:

Fund	Organization	Account	Program	Activity	Location

Optional Description

Inv #	Date:	Description (Give complete specifications)	Amount

HANDLING INSTRUCTIONS

Campus Mail:
 Name: _____
 Building/Room: _____

Checks will be mailed to vendor address unless Campus Mail is checked and campus mailing information completed.

Requisitions cannot be processed unless the appropriate documentation has been attached. This is required for audit purposes.

A Vendor Information Form and W-9 form is required for new vendors. The forms can be found at www.snc.edu/financedepartment/staff/accountspayable.html

DATE AUTHORIZED SIGNATURE

DATE VICE PRESIDENT (For items over \$5,000)

DATE VP OF BUS AND FIN (For items over \$10,000)

Note: Endowments may need additional authorization.