

# CANYON ISD CAPITAL OUTLAY REQUISITION FORM

REQUISITION DATE: \_\_\_\_\_ SIGNATURE OF REQUESTOR: \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_ DELIVER TO: \_\_\_\_\_  
(Indicate name of person and location to receive items when delivered)

CAMPUS ID: \_\_\_\_\_ LOCATION OF FIXED ASSET: \_\_\_\_\_  
(Room No.)

LIST THE NAMES OF THREE (3) QUALIFIED VENDORS:  
 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

PREFERRED VENDOR: \_\_\_\_\_

IF REPLACING A FIXED ASSET, LIST THE FIXED ASSET NUMBER AND SERIAL NUMBER OF THE ITEM BEING REPLACED:  
 FIXED ASSET NUMBER \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

IF UPGRADING A COMPUTER, LIST THE FIXED ASSET NUMBER AND SERIAL NUMBER OF THE COMPUTER BEING UPGRADED:  
 FIXED ASSET NUMBER: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

Item	Qty	Model #	Description	Catalog	Page	Cost

ACCOUNT(S) TO BE CHARGED: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**\*\*ALL REQUESTS RELATING TO TECHNOLOGY WILL BE FORWARDED TO THAT DEPARTMENT**

Approved By: \_\_\_\_\_  
PRINCIPAL DATE

Approved By: \_\_\_\_\_  
ASST. SUPT FINANCE/BUSINESS DATE