

**SUBMIT TO: PURCHASING DEPARTMENT  
210 FOOTE-HILYER ADM. CTR.**

**FAMU REQUISITION / STIPEND**

**Req. No.**  Requisition  
 Change Order  
**DELIVER TO:** Foote Hilyer Admin Ctr.oxy

**Department** \_\_\_\_\_  
 \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Initiated by** \_\_\_\_\_ Ext \_\_\_\_\_  
**Approved by** \_\_\_\_\_  
 \_\_\_\_\_  
**Approved by** \_\_\_\_\_  
 \_\_\_\_\_

**Recommended Vendor**  
Complete Address including Zip Code  
 \_\_\_\_\_  
**Telephone No.** \_\_\_\_\_  
**FEID#** \_\_\_\_\_  
**Selected Vendor**  
Complete Address including Zip Code  
 \_\_\_\_\_  
For Purchasing use only

**Building** FHAC

**Room Number** \_\_\_\_\_

**CHECK ONE:**

EXPENSE  
 REG. OCO  
 OFS CONT.  
 SC/TECH. OCO

FIXED CAP. CONST.  
 CARRY FORWARD  
 EDP CAT.  
 SPECIAL CATEGORY

\_\_\_\_\_  
*Name*

Line No.	Description (Enter Double Space)	Account Number	Fund Code	Dept Number	Program Code	Project Number	Unit	Unit Price	Extended Total
	Please use one form per student								
	Justification Required:								
								<b>Total</b>	