![Minnesota West Community & Technical College logo](Minnesota West COMMUNITY & TECHNICAL COLLEGE — Canby • Granite Falls — Jackson • Pipestone • Worthington)

Please Indicate
    Supplies   Cost Center_____
    Equipment* Program Center_____
    Software**

Approval _____**Coordinator Approval**_____**Director of Technology Approval**_____
*Equipment intended for the campus computer network, ITV, and Classroom presentation MUST be approved by the Campus Technical Coordinator and Director of Technology.
**software purchases must be reviewed for appropriate licensing and network compatibility.

Requested by_____**Date**_____

Justification_____

_____

Quantity	Catalog #	Description	Unit Cost	Total

          End Total

Vendor Information:
Company Name_____
Contact Person _____
 Phone Number_____
FAX Number_____
Vendor Number_____

PO # _____**Amount**_____
Total Cost Center Deduction_____
Date Ordered_____
      To be completed by accounting department