



ANTELOPE VALLEY CHRISTIAN CENTER

MATERIAL REQUISITION

Requested by: _____

Date submitted: _____

Phone: _____

Auxiliary: _____

Date needed: _____

(Please allow 5 business days for approval.)

(ASAP or any other last minute "NEED BY" date can not be accommodated.)

Qty	Type	Description	Company	Unit Price	Amount

Tax (8.25%) _____
 Shipping/Other Cost _____
 Request Total _____

COMMENTS: (Company telephone number, address, contact person,
 delivery requirements, Check Request Info, etc.)

For Official Use Only:

Approved

Not Approved

Contact Office