

TEXAS CHRISTIAN UNIVERSITY DEPARTMENTAL CHECK REQUISITION

To be completed by department

Supplier Name									
Supplier Address									
Supplier Tax ID	#: 								
Date:									
	tside suppliers ch	ent requests to stud arging 6XXX Accour							
Dept. Name		Bldg. & Room#			TCU Box	Contact Person		Extension	
Quantity		Description of Purchase				Cost	Cost Total		
							\bot		
							\bot		
							+		
	Account	Fund	De	ept	Project				
authorized Codes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Total (Cost:	\$0.00	
Approver (Printed Name)		Date		Approver (Printed	d Name)		Date		
Approver Signature		1	Approver Signature						