



# REQUISITION ORDER

Great Falls College MSU  
 2100 16<sup>th</sup> Avenue South  
 Great Falls, MT 59405

Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Payee: \_\_\_\_\_

ID# (if employee or student): \_\_\_\_\_

Address: \_\_\_\_\_

**Purchase Justification**  
 (Required Only for Grant Related Purchases)

City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_



Index	Account #	Invoice #	Description	Amount
			<b>Total</b>	

\_\_\_\_\_  
 Dept. Head/ Supervisor Signature

\_\_\_\_\_  
 Date

Instructions for use:  
 1. If paying for food/beverages over \$30, please attach completed Approval of Entertainment Form.  
 2. Do not include reimbursements for travel on this form. Please use Travel Expense Voucher.

**Revised June 2016**