



REQUISITION ORDER

Great Falls College MSU
 2100 16th 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 |
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| Total | | | | |

 Dept. Head/ Supervisor Signature

 Date

 Grant Approval, if necessary

 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.