

FAMU REQUISITION / STIPEND

Req. No. Requisition
 Change Order

Department _____

Date _____

Initiated by _____ Ext _____

Approved by _____
Head of Department

Approved by _____
Dean or Administrative Officer

Recommended Vendor

Complete Address including Zip Code

Telephone No. _____ FEID# _____

Selection Required:

Non Resident Alien () Yes () No

Indicate yes or no if the student is a non US citizen

CHECK ONE:	
<input checked="" type="checkbox"/> EXPENSE	<input type="checkbox"/> FIXED CAP. CONST.
<input type="checkbox"/> REG. OCO	<input type="checkbox"/> CARRY FORWARD
<input type="checkbox"/> OPS CONT.	<input type="checkbox"/> EDP CAT.
<input type="checkbox"/> SC/TECH. OCO	<input type="checkbox"/> SPECIAL CATEGORY

Line No.	Description (Enter Double Space)	Account Number	Fund Code	Dept Number	Program Code	Project Number	Unit	Unit Price	Extended Total
	Please use one form per student								
	Justification Required:							Total	