

# LEWIS-CLARK STATE — COLLEGE —

## Online Requisition/APRN Request Form

Online Requisition Request	
Date:	
Requestor:	
Department:	
Department Head:	
Colleague Login:	
Cost Center(s) Access Requested:	
Who will be approving these accounts:	

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APRN (Requisition Approval ) Request	
Date:	
Requestor:	
Department:	
Department Head:	
Colleague Login:	
Cost Center(s) Authorized to Approve:	

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to Controller's Office**

Office Use Only			
APRN/SCE Requested	Training Provided	Approved for Production	Approval Date