

PO # _____

Library # _____

Save and attach in an E-mail to libacq@kvcc.edu. Please attach supplier's catalog or brochure if available.

AV Material Purchase Proposal

Requestor: _____ Date: _____

Requestor's department: _____ Phone: _____

Title: _____

Number of items & media type: _____

Catalog number: _____ Price: _____

Publisher: _____ Year: _____

Supplier: _____

Address: _____

Supplier phone: _____ Fax: _____

Web address: _____

Recommended for course number(s): _____

Are alternative materials available at KVCC? ☐ Yes / ☐ No / ☐ Don't know

Are current materials out of date? ☐ Yes / ☐ No / ☐ Don't know / ☐ N/A

Is this item: ☐ New / ☐ Replacement

Call number(s) of item(s) to discard: _____

► If request exceeds \$75.00, Department Head's signature is required:

Department Head / Date

► Forward signed hard copy to: Chris Robbins, Library

LIBRARY USE ONLY

Date request received _____

Checked: ☐ ValleyCat / ☐ On-order / ☐ Material received / ☐ Catalog

Collection Development approval, Date: _____

Date order placed: _____ Date received: _____