

Red Rocks Community College Purchase Requisition

Estimated Delivery Date for Goods:

Estimated Start Date for Services:

Valid Dates (IT software):

This document is not a valid purchase order.

Please allow 14 business days to process.

Purchasing Office Only

PO Number: _____ Document Codes: _____
 State Award Y N Commodity Level Document Level Quote Needed Y N
 W-9 _____ Independent Contractor Forms: PERA IC/Service Provider Questionnaire
 Insurance Required Y N If yes, on file _____ or requested _____ (date received _____)
 HR Review Y N If yes, ___ Waiver: page _____ or ___ HR Cert Form
 Federal Funds Y N (=>\$25,000) SAM Search Special Provisions
 Grant Review and Approval: _____ Date: _____
 Payroll Review: _____ Date: _____ RRCC Employee Y N PERA Retiree Y N
 Notes/Comments: _____

Requesting Department/Delivery Information					Vendor Information			
Requested By:		Ext:			Name:			
Department:					Address:			
Project:					City:		St:	Zip:
Grant Funded:	Federal	State	Private	N/A	Phone:		Fax:	
Deliver To Name:					Contact Person:			
Location:		Lakewood	Arvada	Other	Email:			
Organization Code No. 1		Dollar Amount			Organization Code No. 2		Dollar Amount	
		\$					\$	
Organization Code No. 3		Dollar Amount			Organization Code No. 4		Dollar Amount	
		\$					\$	

COMMODITY CODE <i>Purchasing Only</i>	LINE ITEM	QUAN.	UNIT	DESCRIPTION <small>Goods: item, model no., part, color, size, Services: include complete statement of work - i.e. when, where, deliverables, start date, completion date, etc.</small>	PRICE PER UNIT	TOTAL PRICE
TOTAL						

PRODUCT LOCATION (physical location): EAST End WEST End Room # General Department Location

SERVICES: *If the vendor is an individual/sole proprietor/partnership*, additional forms (W-9, PERA Retiree Questionnaire, & IC Questionnaire) **MUST** be submitted *with* this form **prior** to the service being performed. Forms available at www.rccc.edu/purchasing/independent-contractor-forms.

PURCHASE REQUISITION SUBMISSION: One complete PDF including all required signatures, emailed to RRCC.PurchaseOrders@rccc.edu.

With my signature below, I certify there are sufficient funds in the org budget to cover this purchase request and this expense is for official college business only.

First Level Approval PRINT

First Level Approval Signature

Date

Second Level Approval PRINT

Second Level Approval Signature

Date

Information Technology Services Approval PRINT

Information Technology Services Approval Signature

Date

VPAT: Y N If yes, on file _____ or requested _____