Red Rocks Community College Purchase Requisition	Purchasing Office Only PO Number □ Standing Order □ Standing For Services □ Regular Order		
r di chase requisition	Commodity Level Accounting Document Level Accounting		
Order Date:	□W-9 Insurance Required □Y □N Quote Needed □Y □N		
Delivery Date:	HR Review □ Y □ N If yes, Waiver or Cert Form		
Delivery Date: This document is not a valid purchase order.	□ Grant Funded □ SAM Search □ SDN Search		
	Payroll Review Date Date Not a PERA Retiree		
Requesting Department/Delivery Information	Vendor Information		
Requested By:	Name:		
Department Name:	Address:		
Ship To: Main Campus Arvada Other	City: St: Zip:		
Attention To:	Phone: Fax:		
	Contact Person:		
	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	ITEM	QUAN.	UNIT	PART NO. DESCRIPTION: (model no., part, color, size)	PRICE PER UNIT	TOTAL PRICE	
		Check here if establishing a standing purchase order. List the names of college staff authorized to place					
		orders, a detailed description of the supplies or services to be purchased. (7/01/ to 6/30/)					
				Total			
Please list the physical location of the products (capitol expense and inventory tagging): I.E. East End Business Services Room 1172							
EAST End WEST End Room # General Department Location							
If the vendor is an individual/sole proprietor, additional forms are required and must be submitted to Purchasing <i>with</i> this form <u>prior</u> to the service being performed: W-9, PERA Retiree Questionnaire and IC Exhibit. A copy of a Driver's License/ ID must be attached or initialed below. ID reviewed by (RRCC initials)							

Organization Code Administrator Signature

Date