

Red Rocks Community College Standing Purchase Requisition

Fiscal Year: _____

Valid Dates: _____ to _____

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: _____

<u>Requesting Department/Delivery Information</u>	<u>Vendor Information</u>
Requested By: _____ Ext: _____	Name: _____
Department: _____	Address: _____
For: Lakewood Arvada	City: _____ St: _____ Zip: _____
Grant Funded: Federal State Private N/A	Phone: _____ Fax: _____
Staff authorized to place orders:	Contact Person: _____
Staff authorized to approve invoices:	Email: _____

All Standing PR's must include **current** documentation to support the expense. **Examples - Services:** Vendor Service Agreement, Statement of Work (SOW) with pricing. **Goods:** Quote/price sheet from vendor. **Other:** cell phones/utilities, use the last paid invoice as backup. **Unsure?** Contact the Procurement Manager (ext. 6345).

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.

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>	DETAILED DESCRIPTION Supplies or services to be purchased, including: account numbers, agreement numbers, customer numbers, estimated monthly costs. Paid monthly, quarterly, etc.	ESTIMATED FY COST
	TOTAL	

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 _____