Red Rocks Community College
Purchase Requisition

Order Date:

Delivery Date:

Valid Dates (IT software):
This document is not a valid purchase order.
Please allow 5-7 business days to process

Requesting Department/Delivery Information	Vendor Information
Requested By:	Name:
Department Name:	Address:
Project:	City: St: Zip:
Federal Funds ☐ Y ☐ N If yes ☐ 3 quotes attached or ☐ Other _____	Phone: Fax:
Ship To: Main Campus Arvada Other	Contact Person:
Attention To:	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	LINE ITEM	QUAN.	UNIT	DESCRIPTION: (item, model no., part, color, size, explanation, type of service, when, where, etc.)	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 Room 1172 Business Services

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 *with* this form *prior* to the service being performed: W-9, PERA Retiree Questionnaire, IC Exhibit &. IC Questionnaire. A copy of a Driver's License/ ID must be attached or initialed below.

ID reviewed by _____ (RRCC employee initials)

_____   _____   _____
First Level Approval PRINT   First Level Approval Signature   Date

_____   _____   _____
Second Level Approval PRINT   Second Level Approval Signature   Date

_____   _____   _____
Computer Services (IT) Approval PRINT   Computer Services (IT) Approval Signature   Date
VPAT: ☐ Y ☐ N If yes, on file _____ or requested _____