

Red Rocks Community College Purchase Requisition

Order Date: _____

Delivery Date: _____

Valid Dates (IT software): _____

This document is not a valid purchase order.

Purchasing Office Only

PO Number: _____ Standing Order Standing For Services Regular Order
 Document Codes: _____ State Award # _____
 Commodity Level Accounting Document Level Accounting Quote Needed Y N
 W-9 _____ Independent Contractor Forms: PERA IC Exhibit 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
 Grant Funded SAM Search SDN Search Special Provisions
 Payroll Review: _____ Date: _____ Not an RRCC Employee Not a PERA Retiree

Requesting Department/Delivery Information

Requested By: _____

Department Name: _____

Project: _____

Federal Funds Y N If yes 3 quotes attached or Other _____

Ship To: Main Campus Arvada Other

Attention To: _____

Vendor Information

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

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	LINE ITEM	QUAN.	UNIT	DESCRIPTION: (item, model no., part, color, size, explanation, type of service, when, where, etc.)	PRICE PER UNIT	TOTAL PRICE
<input type="checkbox"/> 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 _____