INSTRUCTIONS - PURCHASE REQUEST FORM

NOTES:

If using a non-contract vendor, please forward at least three (3) quotes (if the requisition is \$5,000 or more) and any detailed descriptions to your respective purchasing group.

- 1. Complete the **Vendor** information (e.g., **Name**, **Address**, etc.). If the SAP Vendor # is known, please enter this information in the space provided.
- 2. If initiating a purchase request related to a District-wide contract (e.g., office supplies contract), provide the **Contract #** if known.
- 3. If purchasing equipment, *check the appropriate box* to designate if the request is to purchase new equipment or to replace old equipment.
- 4. Fill out the **Requestor** information (Name, Department, Phone #, College/Location).
- 5. Complete the **Account Approval** section and obtain the signature of the authorized individual(s). If using multiple accounts, obtain signatures from all authorized representatives and list them with each item under the **Description** area.
- 6. If using a contract vendor (e.g., Office Depot), fill in the **Material #** (catalog #) that is assigned to the item.
- 7. Provide a description for each line item being purchased. If the provided space is insufficient, attach additional sheets that include more detailed descriptions of the line items.
- 8. Complete the **Qty.**, **Unit**, **Price** and **Extension** columns. If inputting this information via the computer, embedded formulas will calculate the extension, subtotal, tax, and total amounts. Please check your budgets before forwarding this request to ensure that sufficient funds are available. Otherwise, your request will be returned unprocessed
- 9. Fill in the page number at the bottom of the Purchase Request Form. This action will confirm the number of pages that are to be processed by the Purchasing Group. Therefore, if the Purchase Request Form is more than one page, complete the "Extra Page(s)" Worksheet of this form and number them accordinally.
- 10. After completing this form, obtain the appropriate approval signature(s) and submit this document to your location's appropriate Purchasing Group.



MINI-GRANT APPLICATION

APPENDIX A - MINI-GRANT PURCHASE REQUEST FORM

		Date:	
Service:		Contact Person:	
Email:		Phone:	

Vendor	Quantity	ltem #	Description	Price	Shipping	Item Subtotal
			Total			

PURCHASE REQUEST FORM

Material Number (catalog items only)	Description	Qty.	Unit	Price	Extensior
	•			-	
I		I		Subtotal	

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