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|---|--|
| <input type="checkbox"/> AVP, Academics | <input type="checkbox"/> VP, Advancement |
| <input type="checkbox"/> AVP, A&F | <input type="checkbox"/> Capt, TSGB |

COMMODITY Requisition

 CHANGE ORDER **PO #** _____

**V
E
N
D
O
R**

Name and Address:	
Project Contact:	
Phone:	Fax:
E-Mail:	

Date Requested: _____

Originator: _____

Department: _____

Phone: _____

E-Mail: _____

Payment Terms:

- In Arrears _____
- Schedule of Payments - detailed breakdown attached
- Advance - justification attached

CMA Fixed Asset Contact: _____

Equipment Info:

- Detailed Specifications
- Sensitive Item
- Instructional Equipment

Freight/Pick up:

- CMA Personnel to Pick Up Item(s)
- Vendor to Pay Freight
- CMA to Pay Freight

Procurement Office Use Only	
Date Received:	_____
Vendor #:	_____ <input type="checkbox"/> 204 Form
PO #:	_____

LINE #	CATEGORY	QUANTITY	UNIT	DESCRIPTION	No Tax	UNIT PRICE	EXTENSION

Warranty (if applicable):
 Do not use for Information Technology procurements.
 Commodity Requisition **\$50,000 - \$100,000:** 3 Quotes Attached
 Commodity Requisition **Over \$100,000:** Yes No
 If yes, **Bid Specs/Written SOW for Commodities over 50k must be attached:**

Sub-Total	
Discount	
Sales Tax (9.25%)	
Shipping	
TOTAL	

Line #	Account	Fund	Dept ID	Class	Project ID	Split (choose one)		Dept Approval
						%	\$ Amount	

REQUIRED FOR ALL REQUISITIONS:

I certify that the goods & services requested are necessary for the operation of the department, that there are sufficient funds to cover the expense, and that I am authorized to approve such expenses.

X _____
 Authorized Dept/Unit Head Signature

X _____
 VP Approval (as needed)