

# SPONSORED PROGRAMS



## COMMODITY Requisition

CHANGE ORDER    PO # \_\_\_\_\_

**VENDOR**

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

**Cal Maritime 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 #: \_\_\_\_\_  204 Form

PO #: \_\_\_\_\_

LINE #	CATEGORY	QUANTITY	UNIT	DESCRIPTION	No Tax	UNIT PRICE	EXTENSION

Warranty (if applicable): Commodity Requisition <b>\$10,000 - \$49,999.99:</b> Abstract of Quotes or 2 Quotes Attached Commodity Requisition <b>\$50,000 - \$100,000:</b> 3 Quotes Attached Commodity Requisition <b>Over \$100,000.01:</b> RFP or RFQ Required If yes, <b>Bid Specs for Commodities over 100k</b> <input type="checkbox"/>	<b>Sub-Total</b>
	Discount
	Sales Tax (8.375%)
	Shipping
	<b>TOTAL</b>

**Debarment Documentation if over 25K (Visual Compliance and SAM)**

Line #	Account	Fund	Dept ID	Class	Project ID	Split		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.*

\_\_\_\_\_  
Authorized Dept/Unit Head Signature

\_\_\_\_\_  
Sponsored Programs Review

\_\_\_\_\_  
VP Approval (as needed)

\_\_\_\_\_  
IT Approval (as needed)