## IT COMMODITY Requisition

## CHANGE ORDER

PO \#


Date Requested: $\qquad$

Originator: $\qquad$
Department: $\qquad$
Phone: $\qquad$
E-Mail: $\qquad$
Payment Terms:
$\square$ In Arrears
$\square$ Schedule of Payments - detailed breakdown attached
$\square$ Advance - justification attached

## CMA Fixed Asset Contact:

$\qquad$

| Procurement Office Use Only |  |  |
| :--- | :--- | :---: |
| Date Received: | - |  |
| Vendor \#: | $\square 204$ Form |  |
|  | $\square$ |  |
| PO \#: |  |  |

Freight/Pick up:

| Equipment Info: | $\square$ Detailed Specifications |
| ---: | :--- |
|  | $\square$ Sensitive Item |
|  | $\square$ Instructional Equipment |

Equipment Info:

| Freight/Pick up: | $\square$ CMA Personnel to Pick Up Item(s) |
| :--- | :--- |
|  |  |
| $\square$ Vendor to Pay Freight |  |
| $\square$ CMA to Pay Freight |  |

$\square$ Vendor to Pay Freight
$\square$ CMA to Pay Freight


|  |  |  |  |  |  |  |  |  |  | Split |  |  | Accounting Approval |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Line \# | Account | Fund | Dept ID | Class | $\%$ | \$ Amount | Initials | Date |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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.
$\underline{X}$
Authorized Dept/Unit Head Signature $\underline{X}$ $\underline{X}$

