

SPONSORED PROGRAMS



SERVICE Requisition BLANKET CHANGE ORDER

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

Risk Analysis:

Work Performed on Campus

Work Performed off Campus

Cal Maritime Project Contact: _____

Procurement Office Use Only

Date Received: _____

Vendor #: _____ 204 Form

PO #: _____

Scope of Work / Specifications

Warranty (if applicable): _____

Commodity Requisition **\$10,000 - \$49,999.99:** Abstract of Quotes or 2 Quotes Attached **NTE:** \$ _____

Commodity Requisition **\$50,000 - \$100,000:** 3 Quotes Attached

Commodity Requisition **Over \$100,000.01:** RFP or RFQ Required

If yes, **Scope of Work for Services Over 100k Attached**

Services Dates: Start Date: _____ End Date: _____

List of Deliverables: _____

Are any deliverables taxable?

Debarment Documentation (Visual Compliance and SAM) if over 25K: Yes No

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)