



SERVICE Requisition

 BLANKET

 CHANGE ORDER

VENDOR

Name and Address:

Project Contact:

Phone:

E-Mail:

Fax:

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

Insurance Requirements:

- General Liability
- Automobile
- Errors & Omissions
- Other _____

CMA Project Contact: _____

Procurement Office Use Only

Date Received: _____

Vendor #: _____

204 Form

PO #: _____

Scope of Work / Specifications

Warranty (if applicable): _____

NTE: \$

Requisition Request Over \$100,000: Yes No

If yes, **Scope of Work for Services at 100k** May require advertised bid. Attached

Services Requisition **\$50,000 - \$99,000:** 3 Quotes Attached Include written Scope of Work and min 3 quotes.

Services Dates: Start Date: _____ End Date: _____

List of Deliverables: _____

Are any deliverables taxable?

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.

X _____ Authorized Dept/Unit Head Signature

X _____ VP Approval (as needed)