COLORADO DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
PURCHASE OF GOODS/SERVICES REQUISITION FORM

Form is not complete unless accurate, all signatures obtained, and required documentation attached.

Requested by: Work Unit: Phone:
Dated Requested: Date Needed: Fax Number:
Requested Vendor: Vendor FEIN: Vendor Phone:
Vendor Address:

Item(s) or Service Requested (Please be specific):

<table>
<thead>
<tr>
<th>Qty</th>
<th>Unit</th>
<th>Complete Description</th>
<th>Item #</th>
<th>Unit Price</th>
<th>Total</th>
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TOTAL: $ 

Approvals:

Authorized Signature: Date:
Authorized Signature: Date:
OSA Delegate (if required): Date:

Shipping Information:

Facility:
Address:
Bldg No.:
City, State, ZIP:
SHIP CODE:

Requestor Checklist (Form will not be accepted by Accounting/Purchasing and Contracts without being completed, all signatures obtained, and required documentation attached.) PLEASE CHECK ALL THAT APPLIES:

Goods $10k - $150k: _______ Services <$25k: _______ Services >$25k <$150k: _______
Vendor Quote w/in 30 days: _______ Scope of Work Attached: _______ Product Picture attached: _______
Sole Source: _______ Sole Source Justification: _______ Personal Services Cert: _______
Business Case: _______ Personal Services Waiver: _______ Cost Analysis: _______
Insurance Certificate: _______ Documented Quote Required: _______ >$150k RFP/IFB/AFB required: _______

PLEASE NOTE PROCESSING TIMES AND PLAN ACCORDINGLY, allow additional time for procurements requiring BIDS:
Accounting: 5 BUSINESS days from receipt; Purchasing and Contracts: 5-7 BUSINESS days from receipt.

CORE Funding Codes:

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<th>LINE</th>
<th>FUND</th>
<th>DEPT</th>
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DMVA Accounting Approval Date __________________________
PAC Revised: 09/25/2015