

**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):

Qty	Unit	Complete Description	Item #	Unit Price	Total
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
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:

LINE	FUND	DEPT	UNIT	APR UNIT	OBJT	ACT CODE	LOC	PROG CODE	AMOUNT	% STATE/ FED