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.

COFRS Coding:

LINE	FUND	AGCY	ORGN	APR	FUNC	OBJT	PRGM	GBL	RPCT	AMOUNT	% S/F

_____

DMVA Accounting Approval Date