

PO# _____

Urgent

SFM / Life Safety

Safety

Customer Funded

PURCHASE AUTHORIZATION REQUEST FORM

TYPE:

PO REQUISITION # _____ BLANKET # _____ CHANGE ORDER TO PO# _____

PCARD _____ PIGGYBACK CONTRACT _____ CO REQ # _____

ACCOUNT NAME _____ ACCOUNT # _____

INITIATOR _____ INITIATOR EMAIL _____ INITIATOR PHONE # _____

VENDOR:

CSC

NAME _____

SELECTION METHOD: _____

ADDRESS _____

FEID / VID # _____

SELECTION JUSTIFICATION: _____

CONTACT _____

EMAIL _____

PHONE _____

LIST LINE ITEMS / SERVICE AND INCLUDE LICENSE, DECAL, MODEL, PART, NBRS, CONTRACT, COMMODITY NBRS, ETC.
(USE CONTINUATION IF NECESSARY)

LINE ITEM	CATEGORY & ACCT CODE	QTY	UNIT OF MEASURE	UNIT PRICE	TOTAL	DESCRIPTION
1						
2						
3						
4						
5						
TOTAL						Bldg # _____ Bldg Name _____ WO# _____ Phase _____

ASSET REVIEW REQUIRED:

*Select "Yes" if the purchase order should be sent to the Asset Management team for review of assets to be installed, demolished, removed, or replaced.

YES NO

This request is in accordance with FS 2017 FS0028, Procedure for Determining When Actions are Minor Projects or Repairs, and FSP 2015 FPC0008 Award of Minor Projects or Repair Services to Continuing Service Contractors Selected through a Qualifications Basis

INITIATOR'S SIGNATURE _____ DATE _____

APPROVAL'S

MANAGER'S APPROVAL _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____

VICE PRESIDENT'S SIGNATURE _____ DATE _____