



## Purchase Requisition Language Templates

### Purpose:

The templates in this document are for end users (initiators) to utilize while generating purchase requisitions (PRs) in the Colleague system to ensure that all elements required for processing a purchase order (PO) are included. PRs which are submitted with missing information will be returned to the initiator for correction, and will delay processing of purchase orders.

### General Guidelines:

Backup documentation shall be provided whenever applicable and should be referenced in line item descriptions. This means that the PR should list any relevant quote or invoice numbers, agreements and Board approval date.

Any orders for tangible goods that will be shipped to District premises, should always include the end use delivery location and the contact name. Any orders for tangible goods that will be picked up from a vendor, should always identify employees authorized to order and pick up the items.

### Important Fields:

Printed Comments and Line Item Description

Line Items	<input type="text"/>	
Printed Comments	1 <input type="text"/>	
Comments	1 <input type="text"/>	

Description	1 <input type="text"/>	
	2 <input type="text"/>	

**Templates** (click the PR type to be directed to that section of the document):

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## Blanket POs

### Don Bookstore:

Line-item description:

BLANKET PO FOR [INSERT THE TYPE OF ITEMS FOR PURCHASE AND THE DEPARTMENT AND/OR PROGRAM NAME IN NEED OF THE ITEMS] TO BE PICKED UP AS NEEDED UP TO...

NO EQUIPMENT VALUED AT \$1,000, SOFT GOODS, GIFTS, GIFT CARDS OR FOOD MAY BE PURCHASED UNDER THIS PURCHASE ORDER EXCEPT FOR CATEGORICAL FUNDS THAT ALLOW FOR SUCH PURCHASES.

AUTHORIZED FOR PICK UP:

AUTHORIZED FOR PAYMENT:

ALL INVOICES MUST BE ITEMIZED AND SHOW PO NUMBER.

### Home Depot:

Printed comments:

\*\*\*THIS BLANKET PO IS SOLELY FOR IN-STORE PICK-UP. NO ONLINE PURCHASES ALLOWED.\*\*\*

Line item description:

BLANKET PO FOR [INSERT SUPPLIES TO BE PURCHASED, FOR EXAMPLE: MISCELLANEOUS MAINTENANCE SUPPLIES, TOOLS AND HARDWARE, OR PAINT, BRUSHES AND MISCELLANEOUS INSTRUCTIONAL SUPPLIES, ETC.], TO BE SELECTED AND PICKED UP AS NEEDED UP TO...

NO EQUIPMENT VALUED AT \$1,000 AND ABOVE, INCLUDING SALES TAX AND SHIPPING CHARGES MAY BE PURCHASED UNDER THIS PO.

AUTHORIZED TO PICK UP (MUST HAVE A HOME DEPOT ID CARD ISSUED):

AUTHORIZED FOR PAYMENT:

ALL INVOICES MUST BE ITEMIZED AND SHOW PO NUMBER.

\*\*\*WHEN REQUIRED, PLEASE INCLUDE MSDS.\*\*\*

\*\*\*HOME DEPOT REPRESENTATIVE, YOU MUST INCLUDE THE DISTRICT'S PURCHASE ORDER NUMBER, LOCATED IN THE UPPER RIGHT-HAND CORNER OF THIS FORM, WHEN PROCESSING ALL ORDERS.\*\*\*

**Food (general):**

Line item description:

BLANKET PO FOR MISCELLANEOUS FOOD AND FOOD SUPPLIES TO BE DELIVERED/PICKED UP FOR [SITE/DEPARTMENT NAME] AS NEEDED UP TO...

NO EQUIPMENT VALUED AT \$1,000 AND ABOVE, GIFTS, OR GIFT CARDS MAY BE PURCHASED UNDER THIS PO.

AUTHORIZED TO ORDER/PICKUP:

AUTHORIZED FOR PAYMENT:

DELIVER TO (IF FOOD IS BEING DELIVERED):

SITE:

DEPARTMENT/ROOM:

ADDRESS:

CONTACT:

PHONE NUMBER:

ALL INVOICES MUST BE ITEMIZED AND SHOW PO NUMBER.

**Office Depot:**

Printed comments:

VENDOR TO FURNISH THE FOLLOWING IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF FCCC CONTRACT # 00004526. BOARD APPROVED: 7/12/21

Line item description:

BLANKET PO FOR MISCELLANEOUS OFFICE SUPPLIES TO BE ORDERED ONLINE AS NEEDED UP TO...

NO FURNITURE OR EQUIPMENT MAY BE PURCHASED UNDER THIS PO.

AUTHORIZED PERSON TO INPUT:

AUTHORIZED PERSON TO RELEASE ORDER:

AUTHORIZED SIGNATURE FOR PAYMENT:

PACKING LISTS AND INVOICES MUST BE ITEMIZED, PRICED AND SHOW PO NUMBER.  
WHEN REQUIRED, SEND MATERIAL SAFETY DATA SHEETS.

DELIVER TO:

### **Smart and Final:**

Line item description:

BLANKET PO FOR FOOD AND FOOD SUPPLIES FOR [INSERT TYPE OF ITEMS FOR  
PURCHASE AND THE DEPARTMENT AND/OR PROGRAM IN NEED OF THE ITEMS] TO BE  
PICKED UP AS NEEDED UP TO...

NO EQUIPMENT VALUED AT \$1,000 AND ABOVE, GIFTS OR GIFT CARDS MAY BE  
PURCHASED UNDER THIS PO.

SMART AND FINAL ACCOUNT #: 60124-600010486022

AUTHORIZED TO PICK UP:

AUTHORIZED FOR PAYMENT:

ALL INVOICES MUST BE ITEMIZED AND SHOW PO NUMBER.

## **Bus/Transportation**

### **General:**

Line item description:

Roundtrip Motor Coach transportation for [Insert school/site] students to travel to  
[Insert location/address] for [Insert event name, date, and time]

Date:

Pick-up time:

Leave time:

Pick-up and drop-off location: [Insert address]

Contact person: [Full contact name, phone number, and email address]

Trip confirmation number:

Quote/invoice number:

Quote/invoice date:

Cooperative Contract # (if applicable to the purchase):

Board Approval Date (if applicable to the purchase)

## Contracted Services

### General:

Line item description:

Vendor to provide [Summary of scope/services] in accordance with the terms and conditions of the agreement dated [Insert date of agreement or date of final signature].

Board Approval Date (if applicable to the purchase):

Contact person: [Full contact name, phone number, and email address]

Project Location (if applicable to the purchase):

Authorized for payment:

### Maintenance and Public Works projects (over \$1,000):

Line item description:

Vendor to provide [Summary of scope/services] per the scope of work as detailed in the Solicitation of Quotes and in accordance with the terms and conditions of the Field Agreement for Services dated [Insert date of agreement]

Contact Person: [Full contact name, phone number, and email address]

Project Location:

Authorized for payment:

### **Projects under \$1,000:**

Line item description:

Vendor to provide [Summary of scope/services].

Quote #:

Quote Dated:

Location:

Authorized for payment:

### **Professional Services:**

Line item description:

Vendor to provide [Summary of scope/services] per the terms and conditions of the Professional Services Agreement dated [insert date of agreement or date of final signature].

Board Approval Date (if applicable to the purchase):

Contact person: [Full contact name, phone number, and email address]

Project Location (if applicable to the purchase):

Authorized for payment:

## **Equipment and Technology**

### **General:**

Line item description:

[Type of product; i.e. computer, printer, monitor], [Make/model of product], [Brief description or specifications], [Item or part number]

Quote #:

Quote Dated:

Note to District Warehouse Staff:

Assigned to: [Name of person and department]

Install location: [Building and room number of where it is to be installed, or where it will be kept when not in use, specify which]

Administrator:

Deliver to: [Name and location of campus ITS Director]

## Multifunction Copy Machines

### Xerox:

Printed Comments:

Line item description (lease):

Lease of Xerox [Insert machine model], S/N: [Insert machine serial number]

Line item description (maintenance/copy usage):

Copy usage allowance estimate at the rate: [Insert rate(s) and if machine prints in black and white and color, clarify which rate is for each]

Term of contract: [Date range]

Term of this PO: [Date range]

Location: [Unit site, Department, room number, full address]

Contact Person: [Full contact name, phone number, and email address]

### Konica Minolta (lease):

Printed Comments:

Continuation of 60-month (or other time period if applicable), copier lease with a \$1.00 purchase option at the end of the lease in accordance with the terms and conditions of the FCCC Administrative Services Agreement #CB13-011 related to RFP #13001; Board Approved: February 22, 2016

-or-

Continuation of 60-month (or other time period if applicable), copier lease with a \$1.00 purchase option at the end of the lease in accordance with the terms and conditions of the CMAS contract #3-16-36-0052B; Board Approved: October 14, 2019

-or-

Continuation of 60-month (or other time period if applicable), copier lease in accordance with the terms and conditions of the FCCC Administrative Services Agreement #00003237; Board Approved: June 15, 2020

-or-

Continuation of All-Inclusive One Rate 60-month lease in accordance with the terms and conditions of the FCCC Administrative Services Agreement #00003237; Board Approved: June 15, 2020

Line item description:

Lease of Konica Minolta [Insert machine model], S/N: [Insert machine serial number]

Term of contract: [Date range]

Term of this PO: [Date range]

Location: [Unit site, Department, room number, full address]

Contact Person: [Full contact name, phone number, and email address]

Maintenance of machine under PO#:

**Konica Minolta (maintenance/copy usage):**

Printed Comments:

Continuation of 60-month (or other time period if applicable), maintenance plan in accordance with the terms and conditions of the FCCC Administrative Services Agreement #CB13-011 related to RFP #13001; Board Approved: February 22, 2016

-or-

Continuation of 60-month (or other time period if applicable), maintenance plan in accordance with the terms and conditions of the CMAS contract #3-16-36-0052B; Board Approved: October 14, 2019

-or-

Continuation of 60-month (or other time period if applicable), maintenance plan in accordance with the terms and conditions of the FCCC Administrative Services Agreement #00003237; Board Approved: June 15, 2020

-or-

Continuation of All-Inclusive One Rate maintenance plan in accordance with the terms and conditions of the FCCC Administrative Services Agreement #00003237; Board Approved: June 15, 2020

Line item description:

Maintenance plan for Konica Minolta [Insert machine model], S/N: [Insert machine serial number]

Copy usage allowance estimate at the rate: [Insert rate(s) and if machine prints in black and white and color, clarify which rate is for each]

Term of contract: [Date range]

Term of this PO: [Date range]

Location: [Unit site, Department, room number, full address]

Contact Person: [Full contact name, phone number, and email address]

Lease of machine under PO#:

**Canon (lease):**

Printed Comments:

Continuation of 60-month lease for the following equipment in accordance with the WSCA-NASPO (California) State contract. This transaction shall be governed in all respects by the terms and conditions of contract #3091/7-15-70-23. Any terms and conditions which conflict with, vary from or supplement the agreement terms shall be null and void. Board approved: 12/4/2017.

Line item description:

[Insert machine model], S/N: [insert machine serial number]

Term of contract: [Date range]

Term of this PO: [Date range]

Location: [Unit site, Department, room number, full address]

Contact Person: [Full contact name, phone number, and email address]

**Canon (maintenance/copy usage):**

Printed Comments:

Continuation of 60-month service, including on-site service calls, parts and labor for the following equipment in accordance with the WSCA-NASPO (California) State contract. This transaction shall be governed in all respects by the terms and conditions of contract

#3091/7-15-70-23. Any terms and conditions which conflict with, vary from or supplement the agreement terms shall be null and void. Board approved: 12/4/2017.

Line item description:

Copy usage allowance for [Insert machine model], S/N: [Insert machine serial number] at the rate: [Insert rate(s) and if machine prints in black and white and color, clarify which rate is for each]

Term of contract: [Date range]

Term of this PO: [Date range]

Location: [Unit site, Department, Room number, full address]

Contact Person: [Full contact name, phone number, and email address]

## Software

**\*\*All requests must be reviewed and approved by ITS prior to submitting a purchase requisition**

General:

Line item description:

[Software manufacturer, name, part or item number] (if a renewal, specify "renewal")

Quote #:

Quote Dated:

Board Approval Date (if applicable to the purchase):

Assigned users (or group of users):

Software Term:

IT contact person and approval date:

Department Contact Person: [Full contact name, phone number, and email address]

## Supplies

**\*\*All supplies and equipment must be delivered to the District Warehouse or Direct Delivery to offices, requested delivery of supplies and equipment directly to employee's residences is strictly prohibited**

### General:

Line item description:

[Product brand, name, model number, part or item number]

Quote #:

Quote Dated:

Note to District Warehouse:

Deliver to:

Contact Person: [Full contact name, phone number, and email address]