

REQUISITION FORM

WESTERN ARIZONA COMMUNITY ALLIANCE

GENERAL INSTRUCTIONS: Fill out. Submit for approval. Keep a copy. Order **after** the Purchase Order has been issued.

NOTE: Equipment or Service Purchase in excess of \$4,999 per unit item requires the review and initial by accounting to guarantee that funds are available in the program year to be charged.

CHECK THE PROCEDURE USED IN THIS REQUISITION

	Value Per Item	Procedure to Follow
<input type="checkbox"/> A.	\$ 0 - \$ 3,000	Be familiar with economical value
<input type="checkbox"/> B.	\$3,001- \$25,000	Obtain 3 price quotes.(person requisitioning shops, telephones, looks in catalog, verbal quotes)(please attach quote sheets)
<input type="checkbox"/> C.	\$25,001 – and over	Obtain 3 written quotes from vendors. (Request for Bid or Request for Proposal.) Attach specifications and advertising copy. <i>(Bid acceptance requires FORM 03-2003)</i> Amount over \$150,000 Must be approved by governing board prior to beginning purchasing process. <i>(Bid acceptance requires FORM 03-2003)(Sealed bids or RFP)</i>

CHECK THE REASON FOR THE PURCHASE.

- A. Replace consumable supplies as budgeted.
- B. Replace items broken or obsolete.
- C. Purchase new equipment as budgeted **(In excess of \$4,999)** Finance approval _____ Date _____
- D. Purchase services as budgeted. **(In excess of \$4,999)** Finance approval _____ Date _____
- E. Other need, please describe: _____

VENDOR NAME: _____

LIST ITEMS OR SERVICES REQUISITIONED	QTY.	COST
(continuation page on back if needed)	TOTAL	

CIRCLE THE PREFERRED QUOTE

(Not needed for less than \$2,999. Over \$3,000 Attach quotes with selection justification.)

	NAME OF VENDOR	PRICE
Quote 1		
Quote 2		
Quote 3		

Comments/comparisons/sole source justification:

QUOTES INCLUDE SALES TAX? Yes No **SHIPPING COST?** Yes No

CHECK METHOD OF OBTAINING QUOTES:

- A. verbal B. phone C. catalog D. shopping E. other: _____

PROGRAM NAME (example: case manager, program development, etc.)	CENTER OR OFFICE

REQUISITION BY _____

DATE _____

SUPERVISOR'S SIGNATURE _____

“By authorizing this expense, I certify to the best of my knowledge and belief that the expenditure and/or disbursement are for the purpose and objective set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (§200.415 Required certifications. U.S. Code Title 18, section 1001 and Title 31, Sections 3729-3730 and 3801-3812).”

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FOR OFFICE USE ONLY: P.O. # Issued: _____ Date: _____

Approved by: _____

Requisitioned notified by: _____ Date: _____

(CONTINUATION) LIST ITEMS OR SERVICES REQUISITIONED	QTY.	COST
	TOTAL	\$