



Requisition Form

Delivery Date:

Please select type of request: Service Material

Drawings / attachments included: Yes No

Background/Rationale:

Quantity	UOM	Description	Estimated Amount

Please check appropriate boxes for any of the following requirements:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Extend to districts | <input type="checkbox"/> Installation | <input type="checkbox"/> Electrical needs | <input type="checkbox"/> Training | <input type="checkbox"/> Special Terms & Conditions |
| <input type="checkbox"/> Trade-in | <input type="checkbox"/> Extended warranty | <input type="checkbox"/> Multi-year agreement | <input type="checkbox"/> Bidder's list attached | |
| <input type="checkbox"/> Drop Ship | <input type="checkbox"/> Maintenance agreement | | <input type="checkbox"/> Subject to School Safety Initiative | |

OPC Use only

- | | | |
|--|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Bidder's walk through/Bidder's conference | <input type="checkbox"/> Bidder's demonstration/Interview |
| <input type="checkbox"/> Bid Bond | <input type="checkbox"/> Performance and Payment Bond | <input type="checkbox"/> Relevant department notified to review specs |
| Contract: <input type="checkbox"/> Solicitation / Response | | <input type="checkbox"/> New Vendor (W-9 needed) |
| <input type="checkbox"/> Vendor (Submit contract with vendor response) | | |

Account Number(s):

Will there be a review team? Yes No

If 'yes', please include the proposed members of the review team:

Requestor Signature Date

Department Director Signature Date

Superintendent Signature Date

Director of Technology Services Date
Signature (hardware purchases only)

Vendor Information

<u>Company Name</u>	<u>Contact Name</u>	<u>Email</u>	<u>Phone Number</u>
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