



IT Purchase Approval

(For all IT purchases that do not include services and are less than \$5,000)

Department/Center: _____

FOAP: _____ **Purchase Number:** _____

(Use Org, Number-Date: mmddyy)

Requested By: _____ **Vendor Name:** _____

(Please Print Name)

(Please Print Name)

Billing Address

Community College of Denver
 P.O. Box 173363, Campus Box 945
 Denver, CO 80217-3363

Shipping Address

Community College of Denver
 1201 5th Street, Suite 300
 Denver, CO 80204

Item Information:

DESCRIPTION OF ITEMS	QUANTITY	TOTAL COST PER ITEM
TOTAL		

Deployment Information (Please Print)

User Name: _____ **Bldg. /Rm.** _____ **Phone Number:** _____

Why are these items needed: _____

Explain exactly what item is: _____

Signatures

Org Owner: _____

Print Name

Signature

Date

Grant Manager: _____

(If applicable) Print Name Signature Date

IT Approval: _____

(Required) Print Name Signature Date