## MCCS FACILITIES PURCHASE ORDER WORKSHEET (PP-969)

Control #		PO/Contract #		Date Received	Date Received				
		Requestor/POC: Signature		Phone Ext:	Phone Ext:		Date:		including
This pmodify ex	procurement requis	stion is prepared to ct number	This procurement requistion is prep	pared for supplies or services:	This pro		n provides additional info	rmation for Pu	rchase Order
Ship to Lo	ocation		•	Required Delivery Date	☐ On	Ву		Check Requir	
POC:			Phone:	Ship Via:					
For Fixed	d Assets, complet	e the following info	<u>rmation:</u>	Check if Applicable					
Number o	of years of useful lit	fe: years							
Item is: N	New Purchase	or Enhancen	nent to an Existing Asset	UFM Funds	☐ UFM Funds ☐ Revenue Generating				
Item is in:	surable property:	Yes	No	CWOT Funds, Code	CWOT Funds, Code Funded by other than MCCS, attach explana			ach explanation	n
Line Item Number	Stock Number	С	Description of Item Services	Cost Center-Budget Line SubAcct/Dept	Quantity	Unit of Measure	Unit Price	Extend	ded Price
							Subtotal		
						Es	timated Freight Charges		
							Grand Total		

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Vendor:		Vendor Name:		Vendor Name:			
POC:		POC:		POC:			
Address:		Address:		Address:			
E-mail:		E-mail:		E-mail:			
Telephon	ne:	Telephone:		Telephone:			
Fax:		Fax:		Fax:			
	Α	dditional information/justification	or comments; use additional s	heets if necessary.		_	
Attachements: Market Research		ch, pages	Additional "Ship To" Location,	pages Single	or Sole Source Justification, pages		
(Check all	I that apply)	or Statement of work, pages	Additional Sources, pages	Other,	pages		
		tifies Consent to Procure this item, funds are yed in the referenced account for the current	Signature: Title:		Date:		
	Information Technology Branch approvaitems.	al for computer software, hardware, or related	Signature: Title:		Date:		
	Training Branch approval for training rec	quirements above \$500	Signature: Title:	Date:			
	Finance Branch Approval for requests for a. Fixed Asset procurements b. UFM/GWOT funding	or \$500 or more and:	Signature: Title:	Date:			
	MCCS Director/Deputy Director Approva	al for requests for \$500 or more	Signature: Title:		Date:		