

FACILITIES PURCHASE ORDER / BID REQUEST FORM

DATE:*	REQUESTOR:*	
APPROVAL SIGNATURES:*		
NAME:	DATE:	SIGNATURE:
NAME:	DATE:	SIGNATURE:
NAME:	DATE:	SIGNATURE:
NAME:	DATE:	SIGNATURE:
NAME:	DATE:	SIGNATURE:
PEOPLESOFT PROJECT#: (ACCOUNTING DEPT. ONLY)		

DESCRIPTION:*		
PUR	CHASE ORDER REQUEST ONLY	
Supporting documen	tation must be submitted with this form (i.e. quote, invoice, etc)	
TOTAL COST:* (A cost of \$5,000 or r	nore requires an approval signature from Chuck Rhode & David Goldfarb)	
VENDOR / CONTRACTOR NAME:*	VENDOR / CONTRACTOR PHONE NUMBER:*	
AIM WORK ORDER NUMBER:*	AIM PROJECT NUMBER (IF APPLICABLE):	
DOES THIS REQUEST FALL UNDER	R A CURRENT MAINTENANCE CONTRACT?*	
○ Yes		
○ No		
	BID REQUEST ONLY	
Specifications must be submit	tted with this form & emailed to Brenda Cochran as a MS Word document	
ESTIMATED COST OF CONTRACT / ITEM:*	Maintenance Contract Only: IS THIS REQUEST FOR A <u>NEW</u> <u>CONTRACT</u> OR <u>RE-BID OF EXISTING GT CONTRACT</u> ?*	
	New GT Maintenance Contract	
Re-Bid of an Existing GT Maintenance Contract		
ADDITIONAL NOTES / COMMENTS:		
ADDITIONAL NOTES, COMMENTS.		

If you have any questions, please contact Brenda Cochran at 404-894-7405 or <u>brenda.cochran@facilities.gatech.edu</u>