



PURCHASE TYPE (PURCHASE ORDER/CREDIT CARD/
AGREEMENT):

SHIP TO: 5905 Winfield Blvd. 5750 Almaden Expwy.
 Other:

PURCHASE ORDER/AGREEMENT CONF. NO.:

MATERIAL RECEIVED: Yes Date: _____ No

PURCHASE REQUEST

214216

▶ Duplicate copies—Please press firmly and write legibly. Retain requester copy (goldendrod) for your records and follow up with Purchasing. Please do not write in shaded areas – For Purchasing Use Only.
▶ Please check with the Environ. Health & Safety and Risk Mgmt. Units to see if the contractor/vendor will need to provide safety and/or insurance information, and check the appropriate box below.
▶ Please obtain all appropriate approvals/signatures prior to submitting the PR to Purchasing. Approvals include: IT: Software & Hardware, Facilities: Furniture; Risk Mgmt: Ergo; Equip Mgmt: Class IV Equip.

UNIT/DEPT: **OFFICE OF GOVT RELATIONS & COMMUNICATIONS OFFICE OF EXTENSIVE AFFAIRS** Division: **SINGER ASSOCIATES, INC.**

SERVICES CONSULTANTS ≤ 25K GOODS NEED BY DATE: _____

Contractor Safety Yes No Insurance Yes No Contractor Safety Yes No Insurance Yes No

Account Coding Must Be Complete or Request Will Be Returned

ITEM NO.	PART NO.	DESCRIPTION OF GOODS/SERVICES REQUESTED	U/M	QTY	UNIT PRICE	AMOUNT	BUDGET YR/REF	FUND	UNIT/DEPT	ACCOUNT	PROJECT NO.	WORK ORDER NO.	TASK
01		DEVELOP AND CARRY OUT A SUCCESSFUL COMMUNICATION PROGRAM AND PROVIDE COMMUNICATIONS COUNSELLING SERVICES.					2017	11	172	6199	60171009		0000

As an individual involved in the request, evaluation, recommendation, or approval of this purchase, I attest that there is no conflict of interest associated with this purchase request and that I:
 • Have not received any income or gifts from the vendors on the suggested list during the past 12 months; do not have any financial interest in the vendor(s); do not have any immediate family member or domestic partner as defined in Ad.-2.9.104 that has any financial interest in the vendor(s); do not have any other type of business relationship with the vendor(s).
 • Do not know of any member of my unit/division staff to have a business relationship with any vendor(s) on the suggested list.

REQUESTER NAME (PRINT): **Michelle Conlon** REQUESTER SIGNATURE: *Michelle Conlon* EXT: **2546** DATE: **2/29/17**

APPROVER NAME (PRINT): **Rick Calender** APPROVER SIGNATURE: *Rick Calender* EXT: **2017** DATE: **2/27/17**

OTHER APPROVAL - IT/FACILITIES/ERGONOMICS/EQUIP MGT/OTHER (PRINT NAME): _____ ADDITIONAL APPROVER SIGNATURE: _____ EXT: _____ DATE: _____

VENDOR NO.: _____ VENDOR NAME: _____ PHONE/FAX/EMAIL: _____

QUOTE BY: _____ PROMISED DATE: _____ EXPEDITE DATE: _____ CONFIRM DATE: _____ BUYER: _____