Information Technology Services Administration Building – Suite 300 Campus Box 211 P.O. Box 173363

Denver, CO 80203 Fax: 303-352-3030 Phone: 303-556-4283 Email: ccdhelpdesk@ccd.edu



## **IT Purchase Approval**

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

Departmen	nt/Center:					
FOAP:			Purchase Number: (Use Org, Number-Date: mmddyy)			
Requested By:						
		int Name)	_ Vendor Name:	(Please Print Name)		
	Co P.C De	ling Address mmunity College of Den D. Box 173363, Campus nver, CO 80217-3363	over Box 945	Shipping Address Community College of Denver 1201 5 <sup>th</sup> Street, Suite 300 Denver, CO 80204		
tem Inforn						
DESCRIPTION (	OF ITEMS			QUANTITY	TOTAL COST PER ITEM	
				TOTAL		
Deploymer	nt Information (P	ease Print)				
User Name:						
Why are these	items needed:					
Explain exactly	what item is:					
Signatures	<b>.</b>					
Org Owner:						
-	Print Name		Sign	ature	Date	
rant Manager:						
f applicable)	Print Name		Sign	ature	Date	
[ Approval:						
<b>T Approva</b> l: Required)	Print Name		Sign	ature	Date	