Information Technology Services Administration Building – Suite 300 Campus Box 945 P.O. Box 173363

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



IT Purchase Approval-CCCS-IT ONLY

(For all IT software purchases only through CCCS-IT that are less than \$5,000)

Department/Center:		FOAP:		
Purchase Number:(Use Org, Number-Date: mmddyy)		Requested By:(Please Print Name)		
	(000 0.6)			(Freuse France)
Item Inforn	nation:			
DESCRIPTION	OF ITEMS		QUANTITY	TOTAL COST PER ITEM
			TOTAL	
Danlarman	et Information (Dlago Driet)			
	nt Information (Please Print)			
User Name:		Bldg. /Rm	Phone Number:	
Why are these	items needed:			
	what item is:			
Explain exactly	what item is.			
Signatures	3			
Org Owner:				
Print Name			Signature	Date
Grant Manager:				
(If applicable)	Print Name	Signature Date		
IT Approval:			<u> </u>	
(Required)	Print Name		Signature	Date
Controller: (Required)	Print Name		Signature	Date
(IICquii Cu)	i inicitanic		Jihi iatai C	Date