PVCC
PIEDMONT VIRGINIA COMMUNITY COLLEGE
Opportunity. Access. Excellence.

# INTERNAL PURCHASE REQUISITION (IPR)

Dept Req# or eVA PR#

| | |
|---|---|
| **Name:** | $0-$5,000 requires two quotes from a Micro vendor. If price is not fair/reasonable, obtain quote from SWaM. Quotes Must Be Attached to IPR. |
| **Address:** | |
| **Phone:** | Over $5,000 Submit to Buyer to Obtain Quotes |
| **STUDENT ID NO#:** | |
| **STAFF EMPLID NO#** | Sole source, emergency, & proprietary purchases must have written justification. |
| **Name of Club** | |
| Contact Name | |

PLEASE CHECK ONE: ☐ Purchase ☐ Confirmation ☐ Payment ☐ Reimbursement

| | |
|---|---|
| Date Submitted: | Department Charge Code: **(Local)** |
| Date Materials Needed: | Micro Vendor Contacted: ☐ Y ☐ N |
| | SWaM Vendor Contacted: ☐ Y ☐ N |
| | Does Vendor Accept Pcards: ☐ Y ☐ N |
| Deliver to Room #: Reception | Contract #: |

| Item # | Catalog or Product # | Description of Item Being Ordered | Qty | Unit | Unit Price | Total Price |
|---|---|---|---|---|---|---|
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Total from Continuation Sheet

**ATTACH SPECIFICATIONS OR COMPLETE DESCRIPTION.** **TOTAL ORDER**

Requestor: (Print Name) Date:

Requestor Phone:

Division Approval: Date:
Signature

VP Approval: Date:
Signature

BO Approval: Date:
Signature

| **BUSINESS OFFICE USE ONLY** | |
|---|---|
| Fund Code | |
| Department | |
| Account Code | |
| Email P.O. to Vendor | Y or N |
| Confirming Order | Y or N |
| Check # | |
| Check Date | |
| Voucher # | |

*Rev 10/15*