



Requisition Support Form

This form must be completed and attached to every requisition submitted in Colleague Self Service.
Requisitions without the required forms or supporting documentation will be denied.

Vendor Name:		Requester Name:	
Vendor Contact Name:		Vendor Contact Email:	
Method of Procurement:	Cooperative Contract	Have you included the required supporting documentation? <i>See the Requisition Guide for more information</i>	☒ Yes ☐ No
JU/Cooperative Contract #: <i>If applicable</i>		Is this purchase an after-the-fact for payment purposes only? If yes, complete Section A.	☒ Yes ☐ No
Is this grant funded?	☐ Yes ☒ No	Grant Name/#: <i>If applicable</i>	
Section A. For after-the-fact purchases only			
Describe the situation that led to not issuing a PO prior to making the purchase.			
Describe what actions you will take to prevent this from happening in the future.			
Section B. For single source purchases only			
Why is this the only good or service that will meet your needs?			
Why is this the only vendor that can provide this good or service?			
Section C. For exempt purchases only			
Select the exemption type	Accreditation Fees		
Section D. Required for all purchases			
Business Need/Justification			
Additional supporting information <i>If applicable</i>			

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