BPO RENEWAL REQUEST FORM

Requestor:		Site:	District
Fiscal Year:			EVC
Department:			SJCC
Building & Room:			Milpitas

Previous BPO#:	
Vendor ID:	
Vendor Company Name:	
Vendor Contact Email:	

Description of Goods or Services:	_____ _____ _____
Term:	Start: End: Multi-Year (If Applicable): Year ___ of ___
Authorized User(s):	
Invoices Approved By:	

Total BPO Not to Exceed Amount: $_____   *Multiple GL lines must total Not to Exceed Amount*

GL Account	Amount
	$
	$
	$
	$
	$

APPROVALS

Department:	
Business Services:	