**Template Language – BLANKET ORDER**

*Copy and paste the template language needed into the Additional Items on the create requisition page. This language* MUST be included on all requisitions that are Amount Only requisitions. In addition, the Amount Only box needs to be checked on Checkout – Review and Submit page. ***Please note:*** ***Amount Only is the PeopleSoft language, however the industry standard is BLANKET ORDER.***

**CONSULTANT SERVICES TEMPLATE**

This is the format for all professional services. The important information is the description of service, the time period, the campus/dept and the District point of contact. A District approved consultant agreement and “Evaluation of Employer/Employee Relationship” form must be completed for each consultant, signed by the Department or Program Chair and District Purchasing **BEFORE** entering the requisition. **Please note**: Completion of a W-9 is required by the consultant in advance of any other documentation, if they are a new supplier.

PROFESSIONAL SERVICES TO PROVIDE DESCRIPTION OF SERVICE FOR CAMPUS/DEPT/PROGRAM

EFFECTIVE XX/XX/XX TO XX/XX/XX

CONTACT PERSON: NAME/PHONE AND/OR E-MAIL

SEND INVOICES AND MONTHLY STATEMENT TO ACCOUNTS PAYABLE AT [APINVOICE@SDCCD.EDU](mailto:APINVOICE@SDCCD.EDU).

SUPERCEDES PO

**COPIER MAINTENANCE TEMPLATE**

FOR THE MAINTENANCE OF MAKE: \_\_\_\_\_\_\_, MODEL:\_\_\_\_\_\_\_\_, S/N:\_\_\_\_\_\_\_\_

FROM: 7/1/XX TO 6/30/XX

COST PER COPY:

LOCATION:

CAMPUS

DEPT/ROOM

STREET ADDRESS

SAN DIEGTO CA 921XX

PERSON(S) AUTHORIZED TO PLACE SERVICE CALLS: NAME/PHONE

PURCHASE OF EQUIPMENT IS NOT AUTHORIZED UNDER THIS PURCHASE ORDER. SEND INVOICES AND MONTHLY STATEMENT TO ACCOUNTS PAYABLE AT [APINVOICE@SDCCD.EDU](mailto:APINVOICE@SDCCD.EDU).

SUPERCEDES PO

**MEMBERSHIP TEMPLATE**

NEW/RENEW INSTITUTIONAL MEMBERSHIP TO \_\_\_\_\_\_\_\_\_\_ FOR CAMPUS/DEPT

EFFECTIVE XX/XX/XX TO XX/XX/XX

MEMBER: NAME

CONTACT PERSON: NAME/PHONE OR E-MAIL

SUPERCEDES PO

**PEST CONTROL TEMPLATE**

SUPPLY ALL MATERIALS NECESSARY TO PROVIDE MONTHLY PEST CONTROL SPRAYING.

LOCATION: WHERE & WHEN NEEDED

STREET ADDRESS

SAN DIEGO, CA 921XX

EFFECTIVE 7/1/XX TO 6/30/XX

CONTACT PERSON: NAME/PHONE

SPRAYING SHALL BE COORDINATED WITH MONTHLY SPRAYING OF CAMPUS.

DELIVERY SLIP TO BE PROVIDED AT TIME OF SERVICE. SEND INVOICES AND MONTHLY STATEMENT TO ACCOUNTS PAYABLE AT [APINVOICE@SDCCD.EDU](mailto:APINVOICE@SDCCD.EDU).

SUPERCEDES PO

**RENTAL SPACE TEMPLATE**

RENTAL OF FACILITY/SPACE FOR CAMPUS/DEPT

LOCATION: OF RENTAL SPACE

TIME PERIOD: 7/1/XX TO 6/30/XX

CONTACT PERSON: NAME/PHONE OR EMAIL

INTERNAL USE ONLY:

BOARD APPROVE DATE

AGENDA ITEM: XXXX

SEND INVOICES AND MONTHLY STATEMENT TO ACCOUNTS PAYABLE AT [APINVOICE@SDCCD.EDU](mailto:APINVOICE@SDCCD.EDU).

SUPERCEDES PO

**SERVICE TEMPLATE**

ALL LABOR AND MATERIALS TO MAINTAIN AND/OR REPAIR NAME OF EQUIPMENT/CAMPUS/DEPT

FROM 7/1/XX TO 6/30/XX

VENDOR TO RESPOND TO SERVICE REQUESTS WITHIN A REASONABLE TIME, BUT NOT MORE THAN 24 HOURS AFTER RECEIPT OF CALL. IF DISTRICT EQUIPMENT MUST BE REMOVED TO VENDOR'S PLACE OF BUSINESS, VENDOR AGREES TO COMPLETE REPAIRS WITHIN A REASONABLE TIME, SUBJECT TO DISTRICT NEEDS, BUT GENERALLY WITHIN FIVE WORKING DAYS.

PERSON(S) AUTHORIZED TO PLACE SERVICE CALLS: NAME/PHONE

PRICED SERVICE REPORT TO BE PROVIDED AT TIME OF SERVICE CALL. SEND INVOICES AND MONTHLY STATEMENT TO ACCOUNTS PAYABLE AT [APINVOICE@SDCCD.EDU](mailto:APINVOICE@SDCCD.EDU).

SUPERSEDES PO

**SUBSCRIPTION TEMPLATE**

NEW/RENEW SUBSCRIPTION TO \_\_\_\_\_\_\_\_\_\_FOR CAMPUS/DEPT

ACCOUNT NO:

EFFECTIVE XX/XX/XX TO XX/XX/XX

LABEL TO:

CAMPUS

DEPT/ROOM

DISTRICT TITLE OF PERSON RECEIVING SUBSCRIPTION

STREET ADDRESS

SAN DIEGO CA 921XX

CONTACT PERSON: NAME/PHONE OR E-MAIL

SUPERCEDES PO

**SUPPLIES TEMPLATE**

FOR THE PURCHASE OF NAME/TYPE OF SUPPLY FOR CAMPUS/DEPT

EFFECTIVE 7/1/XX TO 6/30/XX

AUTHORIZED PERSON(S): NAME/PHONE

PURCHASE OF EQUIPMENT IS NOT AUTHORIZED UNDER THIS PURCHASE ORDER. SEND INVOICES AND MONTHLY STATEMENT TO ACCOUNTS PAYABLE AT [APINVOICE@SDCCD.EDU](mailto:APINVOICE@SDCCD.EDU).

SUPERCEDES PO

**CATERING**

CATERING SERVICES FOR SAN DIEGO [CAMPUS OR DISTIRCT DEPARTMENT]: [EVENT]

DATE:

DELIVERY LOCATION:

CAMPUS

DEPT/ROOM

STREET ADDRESS

SAN DIEGO CA 921XX

DELIVERY TIME:

PICKUP TIME (IF APPLICABLE):

CONTACT PERSON:

[NAME]

[TELEPHONE NUMBER]

PRICED SUMMARY TO BE PROVIDED AT TIME OF DELIVERY. SEND INVOICES AND MONTHLY STATEMENT TO ACCOUNTS PAYABLE AT APINVOICE@SDCCD.EDU

SUPPLIERS PROVIDING FOODSERVICE TYPE SERVICES TO THE SAN DIEGO COMMUNITY COLLEGE DISTRICT ARE REQUIRED TO MAINTAIN A VALID HEALTH PERMIT FROM THE COUNTY OF SAN DIEGO AND INSURANCE COVERAGE AS STIPULATED IN SECTION 18 OF THE DISTRICT’S GENERAL TERMS AND CONDITIONS, WHICH APPLY TO ALL PURCHASE ORDERS ISSUED BY THE DISTRICT. A COPY OF THE HEALTH PERMIT AND CERTIFICATE OF INSURANCE MUST BE PROVIDED PRIOR TO DELIVERY OF ANY FOOD RELATED SERVICES. EMAIL THE DOCUMENTS TO PURCHPO@SDCCD.EDU. A LINK TO OUR GENERAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN, IS PROVIDED AT THE BOTTOM OF THIS PURCHASE ORDER.

PAYMENT TERMS FOR GOODS AND SERVICES PROVIDED TO THE SAN DIEGO COMMUNITY COLLEGE DISTRICT ARE NET 30. PAYMENT IS MADE FOLLOWING DELIVERY OF GOODS OR COMPLETION OF SERVICE AND RECEIPT OF AN ACCURATE AND COMPLETE INVOICE SUBMITTED IN ACCORDANCE WITH THE PURCHASE ORDER.