

Clause List for Purchase Requisitions (RQs)

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TRAVEL – Travel

Name of Conference:

Sponsoring Organization:

Inclusive Dates:

City and State:

Breakdown of Estimated Costs (Required):

Airfare:

Hotel:

Registration:

Car Rental/Mileage:

Meals:

Other:

Reason for Attending:

Statement of Purpose for Grants:

BLANKET - Blanket Purchase Order

Blanket Order for (Campus/Department)

for (supplies/services)

for the period beginning (Month-Day-Year) and ending (Month-Day-Year)

Enter one of the following Ending Date(s):

Regular BPOs: June 30, 2026. OR Amazon & Office Solutions: June 12, 2026.

Not to exceed: \$

Employee identification shall be provided prior to completion of any sale/service:

Authorized Signatures for Purchase:

(List names)

Authorized Signatures for Payment:

(List names)

**** NO SINGLE ITEM THAT COSTS \$500 OR MORE ALLOWED TO BE PURCHASED ON THIS
PO ****

CHANGE – Change Order

Change order to (PO #)

To increase the amount by \$XX.00 changing the NTE from \$XX.00 to \$XX.00 for the purchase of XYZ.

Authorized Signatures for Payment:

(List names)

DIR – SB854

DIR ID #:

Proposal #:

Contact Name:

Phone:

Email:

Contractor's License #:

DIR Registration #:

License Classification:

*** THIS PROJECT IS SUBJECT TO PREVAILING WAGE **

*** CUPCCAA Approved Vendor ***

The Purchase Order Terms & Conditions are the Contract between the Vendor and the District. These conditions are available on the District's website at <https://www.nocccd.edu/documents/general-terms-and-conditions>

A Certificate of Insurance and its endorsement are on file with the Purchasing Department.

An Agreement and Payment Bonds have been executed and are on file with the Purchasing Department.

FC TRVL – Travel

Name of Conference:

Sponsoring Organization:

Inclusive Dates:

City and State:

Breakdown of Estimated Costs (Required):

Airfare:

Hotel:

Registration:

Car rental/Mileage:

Meals:

Other:

Reason for Attending:

Statement of Purpose for Grants: If applicable, please justify the use of Categorical funds as allowable expenses by the funding agency.

** PAR Approval Name and Title:

(List name)

** PAR Approval Date: MM/DD/YYYY

MA – Maintenance Agreement

Maintenance Agreement for the Period of Coverage
Beginning July 1, 2025 and Ending June 30, 2026

Maintenance Plan includes all Service & Supplies
except Paper and Staples

Certificate of insurances are on file with District Purchasing Department

(Fullerton/Cypress) College

12345 Address

City, State Zip Code

Contact:

Email Address for Department Contact

OFFICE – Office

to purchase office supplies
for the period beginning July 1, 2025
and ending June 12, 2026

Not to exceed: \$

Authorized personnel to purchase/payment:
(List names)

PW – Public Works

Agreement, Bonds & Certificate of Insurances are on file with District Purchasing Department

Base Price: \$

Alternate Bid Item #

TOTAL CONTRACT PRICE: \$

Board Approved:

Notice to Proceed:

Period of Contract:

(subject to change only in accordance with the contract documents for the Project)

Authorized Signatures:

(List names)

This is a lump sum contract not to exceed: \$

This is an hourly rate contract not to exceed: \$

Please see hourly rate table attached in proposal

REG – Reg PO (non-public works)

Quote #: Dated:

Contact Name:

Phone:

Email:

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SPEAKER – Performance/Guest Speaker/Referee

Performer/Guest Speaker/Referee Agreement for
Campus & Department

Event Name:

Event Date(s):

Not to Exceed:

Payment shall be made upon submission of an invoice in a form acceptable to the District.

Speaker/Performer Agreement on file with the District Purchasing Department.

Authorized Signature for Payment:

VENDOR – New Vendor

*Company Name:

Contact:

Sales Rep email address:

* Address:

* City:

* State: Zip Code:

* Phone:

Fax:

Website Address:

Fed. Tax ID #

* Required Information