



ATTACHMENT 3

CITY OF COSTA MESA, CALIFORNIA Purchase Requisition

(Leave Blank for Time Stamp)

Purchase Order Number
(Assigned by Purchasing)

Business Unit: <u>CITY</u>	Date Requisitioned: <u>6/30/15</u>	<input type="checkbox"/> Request is for Budgeted item(s)
Department: <u>I. T.</u>	Division: <u>Comp Systems Dev</u>	<input type="checkbox"/> Request is for UNBUDGETED item(s)-(Memo Attached)
Ship To Address: _____		<input type="checkbox"/> Item(s) Pending Budget Amendment Request # _____
Contact Person: <u>Jim</u>	Phone Number: <u>5044</u>	<input type="checkbox"/> Requesting Sole Source (Justification Form Attached)
Send Copy of P.O. to: <input type="checkbox"/> Contact Person and / or <u>Victoria</u>		<input type="checkbox"/> Fixed Asset Tag Request

Item No.	Qty	Unit	Items (Give Full Description: Size, Catalog No. Etc.)	Unit Price	Estimated Amount
1	1	LOT	SOFTWARE MAINTENANCE AND SERVICES RENEWAL	112,077.00	\$ 112,077.00
			Period of Coverage: 8/1-15 to 7/31/16		
			Services provided will be as described in the Software Maintenance		
			Agreement signed on 7/23/13 between the City of Costa Mesa and		
			SunGard Public Sector		

If additional lines are needed, please attach a second sheet

Const./Prof. Svs. Agmt. Completion Date: _____	Sales Tax (8.00%):	0.00
Insurance Required: <input checked="" type="checkbox"/> Yes (Certificate attached) <input type="checkbox"/> No	Include Shipping Fee:	
	Estimated Total Cost:	\$ 112,077.00

Item #	Account	Fund	Dept./Org.	Program	Project	Amount
1	525702	101	14600	50720		\$ 112,077.00

Comments:

Attached: Vendor's quote and insurance documents.

Total \$ 112,077.00

Proper approvals are required before requisition can be processed.

Suggested Vendor: SUNGARD PUBLIC SECTOR, INC.

Address: 1000 BUSINESS CENTER DRIVE

City, State, Zip Code: LAKE MARY, FL 32725-5585

Phone: 407-304-3322 Fax: 407-304-1277

Vendor's Contact Person: DEAN PAUR

Ordered By: _____
Department Director/Authorized Signature

Approved By: _____
Director of Finance/Purchasing Officer

Approved By: _____
City Manager (when required)

PURCHASING DIVISION USE ONLY

Vendor ID:	Buyer:	Insurance valid thru _____
Ship To/Location:	Due Date:	
Standard Comments: ACC - ALL - ARR - BLA - CON - DCP - DIS - FCA - FCI - FIX - INS - IS - IST - ORG -QTR - REM - SUB - T&C		

FINANCE DEPARTMENT USE ONLY

Available Appropriation: <input type="checkbox"/> Yes <input type="checkbox"/> No	As of:	Confirmed By:
---	--------	---------------