

# PURCHASE REQUEST

## GREAT FALLS COLLEGE MONTANA STATE UNIVERSITY

Email Requisition, Supporting Documentation and Approvals to [carmen.roberts@gfcmsu.edu](mailto:carmen.roberts@gfcmsu.edu)

Requestors contact info (name, phone, email): \_\_\_\_\_

<b>1</b>	Please choose one (1) of the following options:	<input type="checkbox"/> New Procurement of Goods or Services	<input type="checkbox"/> Renewal of Purchase Order (PO) or Contract PO or Contract Number:	<input type="checkbox"/> Extension of Purchase Order (PO) or Contract PO or Contract Number:
<b>2</b>	<b>GOODS/SERVICES BEING REQUESTED:</b>			
DESCRIPTION, SIZE AND FULL DETAIL Attach additional pages as needed for requirements, provide as much detail as possible, including minimum specifications		MFG. & CAT. NO.	QTY	ESTIMATED COST
<b>Brand and Sole Source Justification</b> If you have specified a BRAND NAME, complete Brand Name Justification Form (PD-13). If there is only ONE SUPPLIER for the product or service, complete Sole Source Justification form (PD-14).		Request Date:	Estimated initial purchase price	
		Required Delivery Date:	Estimated Total Contract Value (for potential entire term, goods & services)	
<b>3</b>	<b>Additional Requirements:</b>			
<b>4</b>	<b>SUPPORTING DOCUMENTATION:</b> Check all that apply. Please send an electronic version of paperwork to <a href="mailto:carmen.roberts@gfcmsu.edu">carmen.roberts@gfcmsu.edu</a>			
<input type="checkbox"/> PD-13 Brand Justification		<input type="checkbox"/> PD-14 Sole Source Justification		<input type="checkbox"/> DPES- Computer Equip. <input type="checkbox"/> BOR- Approval (\$>50,000). <input type="checkbox"/> PARR – Trade-In
<b>5</b>	<b>FUNDING SOURCE:</b> (Index and/or Grant Information)			
<b>6</b>	<b>SUGGESTED SUPPLIER(S):</b> (List three if possible. If Sole Source and PD-14 has been completed list the sole source supplier)			
1. NAME:			ATTN:	
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE #:		FAX #:	EMAIL:	
2. NAME:			ATTN:	
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE #:		FAX #:	EMAIL:	
3. NAME:			ATTN:	
ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE #:		FAX #:	EMAIL:	
<b>7</b>	<b>AUTHORIZATION:</b> (Approval of person with budget authority over index or grant)			
Signature:			Date:	
Printed Name:				

# These instructions are provided for assistance only and should not be submitted with purchase requisition.

## PURCHASE REQUISITION INSTRUCTIONS

Requestor's Contact Info: Provide name, phone number, and email of person submitting this requisition.

Type of Requisition: Check the appropriate box to indicate the reason for this requisition.

- If you are adding money or extending a Contract please provide a revised statement of work justifying the cost increase or the extension.

### GOODS/SERVICES BEING REQUESTED:

- Description: The name of the commodity and specification details can be provided in the space available on the Requisition form or attached in a Word document. Include name, size (dimensions); color; physical requirements, as well as any other specifications required for a vendor to provide a complete quote. If the requisition is being submitted for a renewal or extension of a Purchase Order or Contract, provide the time period, description of services to be provided
- Mfg & Catalog Number; Quantity; Estimated Cost: For each item specify this information.
- Estimated Initial Purchase Price: The estimated total is the total for this *purchase request*.
- Total Contract Value: Is the *Total Contract Value (TCV) for this product or service*. For example if it is a multiple year contract, the TCV would be a sum of all the Contract Terms.
- Request Date: Show date Request was submitted.
- Date Required: Provide a reasonable date you would like the item to be delivered. For services, use the date you would like service to begin. Please note that purchases are governed by the State Procurement Bureau and proper purchasing procedures must be followed. The time required for your requisition to be processed will vary.

### ADDITIONAL REQUIREMENTS:

Consider any additional requirements to support a successful selection of the responsible, responsive, lowest bidder. Things to consider include Warranties, Installation, Training, Maintenance and Support, Special Delivery Instructions, Documentation (Owner/Operator Manuals), References, Demonstrations, Samples, Parts, etc.

### SUPPORTING DOCUMENTATION:

If any of the following apply, the completed signed forms must accompany the Requisition when submitted, check the appropriate boxes for all that are included:

- Brand Justification (PD-13): Only one brand meets the requirement however this brand may be available from more than one supplier.
- Sole Source Justification (PD-14): Only one supplier is available to provide the supply or service. The goods cannot be obtained through an alternative source.
- Property Asset Removal Request (PARR): Required for Trade-In of MSU Property.  
[http://www.montana.edu/wwwbu/prop\\_forms.html](http://www.montana.edu/wwwbu/prop_forms.html)

### FUNDING SOURCE:

Specify this information identifying any funding allocations between accounts. If splits are required attach details on an attachment to the Purchase Requisition. Please indicate if federal funds will be used to pay for this purchase. Specify from which fiscal year the funds will be used to pay for this purchase. If grant funds are used, indicate which grant.

### SUGGESTED SUPPLIER(S):

Provide complete contact information for at least three vendors or preferred suppliers, if available. If it is a sole source purchase and you have completed a PD-14 provide the vendor information for the sole source vendor.

### AUTHORIZATION:

Must be signed by Division Director or higher. If grant funds are used, must be signed by project manager of the grant.