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| **Finance and Administration Cabinet**  **Office of Administrative Services**  **Purchase Request Form[[1]](#endnote-1)** | | | | | | | | | | | | | | **Send Forms To[[2]](#endnote-2):**  FIN.OASPurchasing@ky.gov  OR  Capitol Annex, Room 195, Frankfort, KY 40601 | | | | | | | | | | | | | |
| **Requestor Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requesting Department[[3]](#endnote-3): | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Requestor Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Requestor Phone Number: | | | | |  | | | | Requestor e-Mail: | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Purchase Request Information**  **(A vendor quote or equivalent must be included with this request)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purchase Type[[4]](#endnote-4): | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accounting Template[[5]](#endnote-5): | | |  | | | | | | | Object Code[[6]](#endnote-6): | | | | | |  | | | | | Activity Code[[7]](#endnote-7): | | | |  | | |
| Service Dates (only if service purchase type):      through | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Good/Service considered to be one of the following\*[[8]](#endnote-8): IT  Postal  Printing[[9]](#endnote-9)  Fleet | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*An approved SPR1 is required prior to the purchase of any IT, Postal, or Fleet goods/services if the total cost is $1,000 or more.  \*An approved SPR1 is required for ALL Printing requests regardless of dollar amount. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPR1 Number[[10]](#endnote-10):  (if required) | |  | | | | | | | | Master Agreement No: | | | | | | | | | | | | | |  | | | |
| Vendor Name: | |  | | | | | | | | | | | | | Total Cost[[11]](#endnote-11): | | | | | | | | |  | | | |
| Is this a New or Reoccurring Vendor for your department[[12]](#endnote-12):  \*A W9 form may be required for new vendors. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Contact Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Contact Phone Number: | | | | | |  | | | | | | Vendor Contact e-Mail: | | | | | | | | | | |  | | | | |
| Goods/Services Description and Need[[13]](#endnote-13): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplier Part Number | Short Description of Item | | | | | | Quantity | | | | Unit of Measure | | | | | | | | | Price per Item | | | | Total Price | | | |
|  |  | | | | | |  | | | |  | | | | | | | | |  | | | | $ 0.00 | | | |
|  |  | | | | | |  | | | |  | | | | | | | | |  | | | | $ 0.00 | | | |
|  |  | | | | | |  | | | |  | | | | | | | | |  | | | | $ 0.00 | | | |
|  |  | | | | | |  | | | |  | | | | | | | | |  | | | | $ 0.00 | | | |
|  |  | | | | | |  | | | |  | | | | | | | | |  | | | | $ 0.00 | | | |
| See attached quote/list for additional items[[14]](#endnote-14) | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | **Total Cost of Items Listed[[15]](#endnote-15):** | | | | | | | | | | | | | | | | | | | | $ 0.00 | | | |
| **Shipping Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | eMARS Ship To Code[[16]](#endnote-16): | | | | | | | | | | |  |
| Street Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | | | State: | | |  | | | Zip Code: | | | |  | |
| **Approvals:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency’s Authorized Approval Signature[[17]](#endnote-17) | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Printed Name: | |  | | | | | | | | | | | Date: | | | |  | | | | | | | | | | |
| Budget Officer Approval Signature[[18]](#endnote-18) | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Printed Name: | |  | | | | | | | | | | | Date: | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |  | | | |  | | | | | | | | | | |
| Attached Forms[[19]](#endnote-19): | | SPR1Request:  Vendor Affidavit:  Vendor W9: | | | | | | | | | | | | | | | | | | | | | | | | | |

**Guidance for completing the OAS Purchase Request Form**

1. Per FAP 120-20-01, *each budget* *shall maintain a current fixed asset record of equipment having an original cost of $500 or more and a useful life of greater than one (1) year*. Contact your department’s property officer upon approval of this request to ensure each purchase meeting this requirement is properly tagged and cataloged into your department’s fixed assets records. [↑](#endnote-ref-1)
2. Questions regarding the process or form may be sent to the OAS Purchasing mailbox or you may contact the Procurement and Customer Billing Branch staff directly. [↑](#endnote-ref-2)
3. OAS is responsible for processing all purchase requests for the agencies identified in the “Requesting Department” drop down list.  Contracts that will result in a statewide master agreement should still be routed through OAS who will complete paperwork that will be forwarded to the Office of Procurement Services, the office providing oversight of all statewide contracts. [↑](#endnote-ref-3)
4. Goods refer to commodities such as chairs, software, etc. Non-professional services include contracted services that are not considered a personal service contract, such as environmental, janitorial, printing, security, or temporary labor. Personal service contracts are agreements where an individual, firm, partnership, or corporation is to perform certain services requiring professional judgement for a specified period at an agreed price. This form (OAS Purchase Request Form) should not be used for personal service contract requests. If you need a personal service contract, complete and submit the “OAS Contract Request Form”. [↑](#endnote-ref-4)
5. An Accounting Template is the 6-character eMARS code that identifies how the item will be paid and recorded in eMARS. If you are unsure what that code is, your Budget Officer will be able to assist you. [↑](#endnote-ref-5)
6. An Object Code is a 4-character eMARS code that characterizes the item for reporting and budgeting purposes. For example, E321 is the object code for office supplies. If you are unsure what object code to use, a listing of object codes can be found on the FAC website under [Services/eMARS and Statewide Accounting/eMARS Functional Areas/Chart of Accounts (Object Code and Revenue Source Listings)](https://finance.ky.gov/services/statewideacct/Pages/functionalareas.aspx) or your Budget Officer can assist you. [↑](#endnote-ref-6)
7. Activity Code is an eMARS code used by some, but not all, agencies to further identify the purchase for reporting and budget purposes, such as coding the expense to a particular project or account. If you are unsure what activity code to use, your Budget Officer will be able to assist you. [↑](#endnote-ref-7)
8. If this section applies, check only one box. Skip this question if the purchase request is not pertaining to IT, Postal, Printing, or Fleet. [↑](#endnote-ref-8)
9. Refer to [FAP 111-12-00](https://finance.ky.gov/services/policies/Documents/FAP%20111-12-00.pdf) on the Finance and Administration Cabinet’s website for printing purchasing requirements. [↑](#endnote-ref-9)
10. If you do not have an SPR1 and one is required; you will need to complete an SPR1 Request Form and enter “See Attached SPR1 Request” in this field. You will then send both forms to Finance OAS Purchasing. [↑](#endnote-ref-10)
11. If the cost is over $1,000 and the vendor does not already have a contract with the Commonwealth, a Vendor Affidavit will need to be completed by the Vendor and submitted with your paperwork. [↑](#endnote-ref-11)
12. This field alerts procurement staff that a new vendor may need to be entered into eMARS. If the vendor is not in eMARS, a W9 will be required. [↑](#endnote-ref-12)
13. Provide a brief description of what you are requesting to purchase and why the purchase is necessary for operations. Include federal and/or state citations if the purchase is resulting from a statute or regulation. [↑](#endnote-ref-13)
14. Check this box if there are more than five (5) supplier part numbers to list on the form and you need additional space to provide the order information. Type the total from the quote/list in the cell to the right of the box (Total Price column). Attach the quote/list to this form when submitting. Verify the quote/list itemizes the cost per item and how the parts are ordered (i.e. each, dozen, monthly, etc.). [↑](#endnote-ref-14)
15. Once all supplier part information has been entered, right click on the number in the “Total Cost of Items Listed” cell and click on “Update Field”. This will ensure all rows have been summed correctly after changes have been made. [↑](#endnote-ref-15)
16. If known, provide the 6-digit code assigned to the mailing address for the agency in eMARS. [↑](#endnote-ref-16)
17. The Agency’s Authorized Approver should be a Branch Manager or higher who has been authorized to approve purchases for your agency. OAS will accept a signed form or an email from the Agency’s Authorized Approver that states the purchase is approved. [↑](#endnote-ref-17)
18. After the Agency completes and approves the form, the purchase request shall be sent to the Agency’s Budget Officer for review. Once approved, the Budget Officer will return to the Agency to submit the purchase request to OAS. [↑](#endnote-ref-18)
19. Check the box for each form that will be submitted with this purchase request. [↑](#endnote-ref-19)