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| **Finance and Administration Cabinet**  **Office of Budget & Fiscal Management[[1]](#endnote-1)**  **Purchase Request Form[[2]](#endnote-2)** | | | | | | | | | | | **Send Forms To:**  FIN.OASPurchasing@ky.gov  Email Subject Line[[3]](#endnote-3): Agency – Vendor Name – Date | | | | | | | | | | | | | | | | | |
| **Requestor Information**  ***Instructions are on pages 3 & 4 and can also be viewed by hovering over the superscript (numbers) where indicated.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requesting Department[[4]](#endnote-4): | | | | |  | | | | | | | | | | | | | | | | | | | Date: | | |  | |
| Requestor Name: | | | |  | | | | | | | | Request Category[[5]](#endnote-5) | | | | | | | | | | |  | | | | | |
| Requestor Phone Number: | | | | |  | | Requestor e-Mail: | | | | | | | | |  | | | | | | | | | | | | |
| **Purchase Request Information**  **(A vendor quote or equivalent must be included with this request)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Name: | |  | | | | | | | | | | | Master Agreement No[[6]](#endnote-6): | | | | | | | | | | | | |  | | |
| Service Dates (*only if service purchase type*)[[7]](#endnote-7):      through | | | | | | | | | | | | | | | | | Total Cost[[8]](#endnote-8): | | | | | | | |  | | | |
| Is the Good/Service considered to be one of the following\*[[9]](#endnote-9):  IT  Postal  Printing[[10]](#endnote-10)  Fleet  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*****An approved SPR1 is required prior to the purchase of any IT Hardware or Fleet Vehicle & Vehicle Accessories if the total cost is $1,000 & above.**  **\*An approved SPR1 is required for Fleet Vehicle Repairs $5,000 & above.**  **\*An approved SPR1 is required for ALL IT Software/Service/Maintenance, Postal, & Printing requests regardless of dollar amount.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COT New Technology SPR1 Request Form[[11]](#endnote-11): (if required) | | | | |  | | | Bidding Exemption Request[[12]](#endnote-12):  (if required) | | | | | | | | | | | | |  | | | | | | | |
| Attached Forms[[13]](#endnote-13): | | | COT New Technology SPR1 Request Form  Non Competitive Request Form | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Contact Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Contact Phone Number: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Vendor Contact Email Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Purchase Description and Justification for Purchase[[14]](#endnote-14): ***Includes modifications/renewals to an existing contract.***  **Provide detailed justification of purchase. Purchase Requests without proper justification will be returned to agency.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cost Section: *If you have an itemized quote, SOW, etc, omit this section. These MUST be attached in the email.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplier Part Number | Short Description of Item | | | | | | Quantity | | Unit of Measure | | | | | | Unit Price | | | | | | | | | | | Total Price | | |
|  |  | | | | | |  | |  | | | | | |  | | | | | | | | | | | $ 0.00 | | |
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|  |  | | | | | |  | |  | | | | | |  | | | | | | | | | | | $ 0.00 | | |
| **See attached list for additional items not listed above**[[15]](#endnote-15) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Total Cost of Items Listed[[16]](#endnote-16):** | | | | | | | | | | | | | | | | | | | | | | | | | | $ 0.00 | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | |
| **Shipping Information: *To be completed by Agency*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
| Street Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | State: | | | |  | | | | Zip Code: | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Approval:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agency’s Authorized Approval Signature[[17]](#endnote-17) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Printed Name: | |  | | | | | | | | Date: | | | | | | | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Funding Section to be completed by BUDGET only****[[18]](#endnote-18)****:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Accounting Template:* | | | | |  | | *Object Code*: | | | | |  | | | | | | | | *Activity Code:* | | | | | | |  | |
| *Budget Officer Approval:* | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

**Instructions for completing the OBFM Purchase Request Form**

1. OBFM Purchasing & Procurement Branch is the liaison between the Finance & Administration Cabinet agencies as well as the administratively attached agencies and the Office of Procurement Services (OPS). All purchases & questions regarding the process or forms MUST be submitted to the [FIN.OASPurchasing@ky.gov](mailto:FIN.OASPurchasing@ky.gov) or contact the Purchasing and Procurement Branch staff directly. [↑](#endnote-ref-1)
2. Per FAP 120-20-01, *“Each budget unit* *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-2)
3. All new purchase request emails sent to the purchasing inbox MUST have their subject line listed as below. If the vendor is unknown, notate what you are purchasing instead. You can add additional information if needed.

   Agency – Vendor Name – Date

   DOR – Cenveo 05/16

   DOR – Picnic Tables 05/16 [↑](#endnote-ref-3)
4. OBFM 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 be routed through OBFM to complete the required documentation and forward to OPS. [↑](#endnote-ref-4)
5. Goods:

   Commodities such as chairs, software, office supplies etc.

   Non-professional services:

   Includes services that are not considered a personal service, such as janitorial, security, or temporary labor

   Professional services:

   As per KRS 45A.690 – "Personal service contract" means an agreement whereby an individual, firm, partnership, or corporation is to perform certain services requiring professional skill or professional judgment for a specified period of time at a price agreed upon. It includes all price contracts for personal services between a governmental body or political subdivision of the Commonwealth and any other entity in any amount.

   Includes, but not limited to: legal, medical, auditing, consulting, training

   Governmental/University/501(c)3 Entity:

   A contract where one governmental entity pays another governmental entity or entity qualified as nonprofit under 26 U.S.C sec. 501(c)3 for services performed is a Memorandum of Agreement (MOA).

   A contractual agreement between a state agency and a state university or college that involves a financial exchange of resources to carry out a governmental function but does not involve use of employees of the university or college to fill a position or perform a duty that a state government employee could perform, is a Service Contract (SC). This is a University exemption request and requires OPS pre-approval.

   A contract that does not involve the exchange of money for services provided by a governmental entity is a Memorandum of Understanding (MOU).

   Unknown:

   Choose this option if the request is unknown at this time. [↑](#endnote-ref-5)
6. If applicable, notate the most current master agreement number if this request is being purchased from a vendor that has an established master agreement. Vendors **MUST** list the master agreement number on the quote, SOW, etc. Quotes will be returned if the master agreement number is not listed. [↑](#endnote-ref-6)
7. All quotes, SOW, etc, **MUST** include the service dates. MOA/PSC contracts are not allowed to cross the budget biennium period without prior approval from the Governmental Contract Review Committee (GCRC). [↑](#endnote-ref-7)
8. A cost should always be entered from the quote, SOW, etc. However, if the cost is unknown due to the solicitation process, leave blank. [↑](#endnote-ref-8)
9. Check the appropriate box. Select N/A if the purchase does not require a SPR1. We will process the SPR1 in eMARS after we have received the purchase request form and all pertinent paperwork. [↑](#endnote-ref-9)
10. Refer to FAP 111-12-00 located on the Finance and Administration Cabinet’s website for printing purchasing requirements. [↑](#endnote-ref-10)
11. Purchase requests for IT Hardware over $1,000 or IT Software/Service/Maintenance regardless of cost, **MUST** complete a COT New Technology SPR1 Request Form and choose the proper selection from the drop down box. [↑](#endnote-ref-11)
12. Non-competitive bidding exemption purchase requests **MUST** include a completed Non-Competitive Request Form and choose the proper selection from the drop down box. This form includes instructions on how to complete. [↑](#endnote-ref-12)
13. Check the box for each form that will be submitted with this purchase request. [↑](#endnote-ref-13)
14. The items listed below **MUST** be included in the Purpose and Justification field to provide detailed justification in order to obtain the appropriate approval(s). Purchase Requests without proper justification will be returned to agency.

    * WHAT - Describe in detail the procurement request. Include any known deliverables, milestones, specifications, requirements, grant, Legacy or Capital projects, FEMA, etc.
    * WHY - Describe the business need of the request and include the impact to the Commonwealth if not approved. State if the request is required by state or federal law. State if the request is an effort to streamline or modernize within the agency.
      + Include any quotes, SOWs, etc. If request is being made from an established master agreement, the master agreement number **MUST** be listed on the quote, SOW, etc.
      + If this request is to modify or renew an existing contract, include existing contract number and include a detailed justification for modification or renewal.
    * WHEN - State the timeline for the request to include planned solicitation timeline, planned order date, planned implementation, etc. State if the request is time sensitive and why. Service dates **MUST** be included on the quote, SOW, etc.
    * WHO – List contact information if additional information is needed.

    Each agency **MUST** complete the most current template for MOA/PSC/SC contracts. These templates are updated on a regular basis, contact OBFM purchasing staff for the most current template. [↑](#endnote-ref-14)
15. Check this box if there are more than ten (10) supplier part numbers to list on the form and if you need additional space to provide the order information. Type the total cost of the items not listed above, in the cell to the right of the box (under Total Price column). Attach the list to this form when submitting. Verify the list itemizes the cost per item and how the parts are ordered (i.e. each, dozen, monthly, etc.). [↑](#endnote-ref-15)
16. 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-16)
17. Requestor must follow all agency internal purchasing procedures and the Agency’s *Authorized Approver* MUST review and sign. Signature reflects purchase request is in conformity to FAC policies. The approver MUST be a Branch Manager or higher who has been authorized to approve purchases for the agency. After the Agency completes and approves the form, the purchase request shall be sent to [FIN.OASPurchasing@ky.gov](mailto:FIN.OASPurchasing@ky.gov) as listed in number three above. [↑](#endnote-ref-17)
18. Funding Section – BUDGET USE ONLY

    Accounting Template that identifies how the item will be paid and recorded in eMARS

    Object Code that characterizes the item for reporting and budgeting purposes

    Activity Code to further identify the purchase for reporting and budget purposes

    Budget Analyst shall attach their approval stamp or signature and transfer to the Ready to Process-Purchasing folder on the Fiscal drive [↑](#endnote-ref-18)