

PURCHASING REQUEST FORM (PR1)

Date _____ Form of Purchase: PCard Purchase Order

Name of Requester: _____ Cost: _____

Items to be ordered: (Please provide a description if item is not self-explanatory - Attach additional sheets if necessary)

Justification: (Attach additional sheets if necessary)

Vendor: _____

Vendor Contact: _____ **Phone:** _____

Required Back-up:

- ▶ Cost over \$1,000.00 – The following is attached:
 - Sole source Justification Responses to 3 Verbal Bids
- ▶ Hospitality Items
 - Completed Hospitality Form attached
- ▶ Available on Statewide Contract
 - Justification attached as to why the statewide contract was not used
- ▶ Vendor Registration
 - Verification that vendor is requested to do business with the State (Note: Pcard Coordinator available to help with this information)

Manager Approval: _____ Date: _____

Account (099/420*) _____ Cost Center:* _____ PAS No.: _____

Agency Name: _____

*Account 420 identifies this charge as one that is recovered through an IS&C established rate OR will be billed to another agency. If billed to another agency, the Cost Center is 4407 and an active, billable PAS number must be provided.