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|  **PURCHASE REQUISITION PR LOG NO**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MONTANA STATE UNIVERSITY**  PD-1 Rev 2020.26.02*To submit: email completely signed/scanned PDF of purchase requisition, or route via DocuSign (preferred) to* [*purchase@montana.edu*](file:///%5C%5Copal%5Cpurchasedpt%24%5CForms%5CPurchasing%20Department%5Cpurchase%40montana.edu)*. Please include all specifications and supporting documentation. Requestor should keep a copy for their files.* **Requestors contact info (name, phone, email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| BILL TO: | **NOTE: THIS IS NOT AN ORDER** |
| SHIP TO: |
| ATTN:  | TEL.#:       | ATTN:       | TEL.#:       |
| **1** | **Please choose one (1) of the following options:** |  [ ]  **New** Procurement of Goods or Services | [ ]  **Renewal** of Purchase Order (PO) or ContractPO or Contract Number:       | [ ]  **Change** in Funding or Adjustment to FundsPO or Contract Number:       |
| **2** | **GOODS/SERVICES BEING REQUESTED:** |
| CAPITALYes/ No | ITEM NO. | DESCRIPTION, SIZE AND FULL DETAIL(Attach additional pages as needed for requirements) | MFG. & CAT. NO. | QTY | UNIT OF MEASURE | UNIT COST | TOTAL |
|       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
| **PD-14 Brand and Sole Source Justification**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).  | Requisition Date:       | Estimated initial purchase price |       |
| Required Delivery Date:        | Estimated Total Contract Value (for potential entire term) |       |
| **3** | **SUPPORTING DOCUMENTATION:** Check all that apply. Please send an electronic version of paperwork to purchase@montana.edu |
| [ ] PD-13 Brand Name Justification | [ ] PD-14 Sole Source Justification | [ ] PARR – Trade-In |
| **4** | **FUNDING SOURCE: (**this information will be used to encumber funds to be used for payment of the Purchase Order or Contract – attach additional sheets as necessary) |
| Index Number       | Org Number        | Acct Code       | Split % or $       | Federal FundsYes       No       | Fiscal Year      |
| Index Number       | Org Number       | Acct Code       | Split % or $       | Federal FundsYes       No      | Fiscal Year      |
|  |  |  |  |  |  |
| **5** | **SUGGESTED SUPPLIER(S):** (List three if possible. If Sole Source **and** PD-14 has been completed list the sole source supplier) **Attach additional sheets as necessary.** |
| 1. NAME:       | ATTN:       |
| ADDRESS:       |
| CITY:       | STATE:       | ZIP CODE:       |
| TELEPHONE #:       | FAX #:       | EMAIL:       |
| **5** | **FUNDING APPROVAL:** I hereby certify that the items specified on this Requisition were absolutely necessary; that there is proper authority of law and sufficient balance in the index indicated above for this purchase; and this purchase will not result in any request for additional funds. |
| **Required Signatures:** | **Printed Name:** | **Signature:** | **Date:** |
| **Requestor/PI** |  |  |  |
| **Department Head** |  |  |  |
| **College Dean/Director** |  |  |  |
| **OSP Administration** (OSP Funded) |  |  |  |
| **Vice President** (All Fund Types) |  |  |  |