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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:///\\opal\purchasedpt$\Forms\Purchasing%20Department\purchase@montana.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 Contract  PO or Contract Number: | | | | | | | | | **Change** in Funding or Adjustment to Funds  PO or Contract Number: | | | | | |
| **2** | **GOODS/SERVICES BEING REQUESTED:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAPITAL  Yes/ 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](mailto: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 Funds  Yes       No | | | | | | Fiscal Year | | | |
| Index Number | | | | Org Number | | | | | Acct Code | | | | | Split % or $ | | | | | | | Federal Funds  Yes       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) | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | |