DPH PURCHASE REQUEST (DPH-A601) FORM
INSTRUCTIONS

TOP LEFT CORNER

TRACKING NUMBER: For DPH Purchasing Office use only

DATE: Insert the date purchase request is developed.

FOR DPH PURCHASING REPRESENTATIVE USE ONLY

- **STATE TERM CONTRACT #:** Insert the State Term Contract Number**.**

- **AGENCY SPECIFIC TERM CONTRACT (ASTC) #:** Insert the ASTC number.

- **NON-TERM CONTRACT:** Click "✔" in box if you are not selecting items from a State Term Contract. (Your request requires a complete justification if not selecting a functionally equivalent contract item(s)

- **STATE ENTITY:** Click "✔" if you are doing business with a State Operating Facility.

TOP CENTER

VENDOR INFORMATION: Complete for your recommended vendor to include the vendor's Federal ID number or Social Security Number, Company Name, Complete Address, Company Representatives Name (First & Last), Phone & Fax Number (include area code).

TOP RIGHT CORNER

FOR DPH PURCHASING REPRESENTATIVE USE ONLY

- **REQUISITION #:** Insert the e-procurement RQ #. (RQ – Will be 8 digits)

- **PO #:** Insert the E-Procurement Purchase Order number when issued. (NC – Will be 8 digits)

- **P-CARD:** Click "✔" in box if you are recommending using your Procurement Card (P-Card) for this request.

- **DIRECT PAY:** Click "✔" in box if you are recommending as a "Direct Pay".

- **SHIP TO CODE:** Insert ship to code if you are using e-procurement.

- **SHIP TO:** These fields require **complete** information. Provide program name, Attn: Name of person receiving shipment and a ship to address (including bldg, floor and room number if applicable).

MIDDLE BODY OF FORM

FUNDING INFORMATION: Provide **Amount (**total dollar) for each **Account, Center. Click** "**Select**" from drop down box(s) for percentage of fund source options and complete Federal Grant # if applicable.

COMMENTS/JUSTIFICATION/ATTACHMENTS: Provide a complete justification for purchases. Keep your justification to three (3) or four (4) sentences. Provide copies of current quote(s) and any other documentation supporting your purchase request. When ordering supplies complete **"How long will supplies last?"** section.

FORMS: Click "✔" in box if you are using DIRM approval, PA-2, and/or Equipment Maintenance forms for this request. **Complete E-Billing TOMS#** (select drop down menu: 2B01/2B02 and complete numbers-total 16 digits) when ordering direct from ITS (i.e.: cell phone, mobile communication devices, regular phone, set-up home base users, etc)

DPH PURCHASING REPRESENTATIVE: Name and phone number of the person that will be handling the procurement process. This information is needed to communicate with the purchasing representative if questions arise.

REQUIRED SIGNATURE AREA:

- **PROGRAM MANAGER APPROVAL: Supervisor signs (This signature validates Funds have been identified and approves the purchase of item(s) or service(s).)**

- **DPH CHIEF BUDGET MANAGER APPROVAL (Signature ONLY)**

- **DPH Information Technology or Mobile Communication Device APPROVAL: Obtained by DPH Purchasing Office (Required for all IT purchases)**

- **Division of Information Resource Management (DIRM) IT APPROVAL (Required by DHHS Office of Procurement & Contract Services for all IT hardware and software request to be submitted through e-procurement for electronic approval no matter dollar amount.)**

LOWER BODY OF FORM

Complete the quantity, unit, part number, item description & unit price. (Automatically calculates each line for Total Price.) Requester, Account, Center and CC (cost center) **click** "**Select**" from drop down box for: 2B01 or 2B02

TOTALS: Automatically totals items per page. The first page will provide Subtotals per page and a Grand Total for all pages.