DPH PURCHASE REQUEST (DPH-A601) FORM INSTRUCTIONS

TOP LEFT CORNER

TRACKING NUMBER: For DPH Purchasing Office use only

FOR PROGRAM PURCHASING REPRESENTATIVE USE

- **DATE:** Insert the date purchase request is developed.
- **STATE TERM CONTACT#:** Insert State Term Contract Number (if applicable).
- **AGENCY SPECIFIC TERM CONTRACT (ASTC) #:** Insert ASTC number (if applicable).
- **NON-TERM CONTRACT:** Click " ✔ " in box if you are purchasing goods/services not covered under 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 (state agency).

TOP CENTER

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

TOP RIGHT CORNER

- **REQUISITION #:** Insert E-Procurement RQ #. (RQ – Will be 8 digits)
- **PO #:** Insert E-Procurement Purchase Order (PO) # (if applicable). This field is used for <u>change order requests</u> for purchase orders that have already been established. (NC – Will be 8 digits)
- **P-CARD:** Click " ✔ " in box if you are purchasing goods/services for total cost of $750 or below (excluding IT commodities as these cannot be procured via P-Card).
- **DIRECT PAY:** Click " ✔ " in box if you are recommending as a "Direct Pay".
- **SHIP TO CODE:** Insert ship to code if using E-Procurement.
- **SHIP TO ADDRESS:** These fields require **complete** information. Provide <u>program name</u>, <u>Attn:</u> Name of person receiving shipment and a <u>ship to address</u> (including bldg, floor and room number if applicable).

MIDDLE BODY OF FORM

FUNDING INFORMATION: Provide **Amount (**total dollar) for each **Account**, **Center. C**lick "**Select**" from <u>drop down box(s)</u> for percentage of fund source.

FUNDING PERIOD: Provide the **start** and **end** date of each fund source (cost center) listed.

COMMENTS, JUSTIFICATION & REQUIRED FORMS:

- **HOW LONG WILL SUPPLIES LAST?** This only applies to office supply orders. If ordering supplies how long will the supply order last? (Monthly/Quarterly/Bi-Annually – Preferred method is Quarterly)
- **PREVIOUS PO#:** If applicable, provide previous purchase order number for reoccurring purchases that have been ordered in the previous year (i.e., service/maintenance agreements, agency specific contracts, non-contract blanket orders).
- **JUSTIFICATION:** Provide a complete justification for purchases. Keep your justification brief, no more than three (3) or four (4) sentences. Provide copies of current quote(s) and any other documentation supporting your purchase request.

NOTE: If purchase request is "**sole source**" or "**brand specific**" a justification memo on current Division letterhead is required to support request.

In preparing request, if applicable include what condition(s) of the NC Administrative Code "Waiver of Competition" applies (Reference **01 NCAC 05B. 1401 (Non-IT Commodities**) or **09 NCAC 06B .0901 (IT Commodities)**.

In addition, all sole source requests require a signed letter from vendor stating vendor is the sole manufacturer and sole distributor of good/service being procured.

REQUIRED FORMS (ATTACHMENTS): Click " ✔ " in box for each form (if applicable) required for your request:

- **DIRM APPROVAL** – Required for all IT commodities
- **PA-2 APPROVAL –** Required for all printing of publications (brochure, pamphlet, newsletter, booklet, book, report, manual, poster, sign, invitation, logos, promotional incentives w/imprinting, websites and web materials, audiovisual presentations/multimedia/TV/radio presentations, public service announcements and ads "media campaigns", English text for translation into another language, reprints over one year old **for external distribution.**
- **EQUIPMENT MAINTENANCE QUESTIONNAIRE** – Required for maintenance renewals for printers/copiers.

PROGRAM PURCHASING REPRESENTATIVE: Name and phone number of person handling the procurement process for the program. This information is needed to communicate with the program purchasing representative if questions arise.

REQUIRED SIGNATURE AREA (ORIGINAL SIGNATURES REQUIRED):

- **PROGRAM MANAGER APPROVAL:** Manager/Designee signs (This signature validates funds have been identified, authorized, budgeted, and committed for purchase at program level.)
- **DPH CHIEF BUDGET MANAGER/DESIGNEE APPROVAL:** This signature confirms funds are identified, authorized, validated, budgeted and committed for purchase.
- **DPH IT 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.

Revised 10-17