

**North Carolina Department of Health and Human Services
DPH Purchase Request (DPH A601) Form Instructions**

TOP LEFT CORNER

TRACKING NUMBER: For DPH Purchasing Office use only

DATE: Insert the date.

FOR DPH PURCHASING REPRESENTATIVE USE ONLY

- **STATE TERM CONTRACT #:** Insert the State Term Contract.
 - **AGENCY SPECIFIC TERM CONTRACT (ASTC) #:** Insert the ASTC number.
 - **NON-TERM CONTRACT:** Click box for “✓” in box if you are not selecting items from a State Term Contract. (Your request requires a complete justification if functionally equivalent items are available on a State Term Contract.)
 - **STATE ENTITY:** Click box for “✓” if you are doing business with a State Operating Facility.
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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 USE ONLY

- **REQUISITION #:** Insert the e-procurement PR #. (PR – Will be 7 digits)
- **PO #:** Insert the E-Procurement Purchase Order number when issued. (EP – Will be 7 digits)
- **P-CARD:** Click box for “✓” in box if you are using your Procurement Card (P-Card) for this request.
- **DIRECT PAY:** Click box for “✓” 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).

UPPER MIDDLE BODY OF FORM

FUNDING INFORMATION: Provide **Amount** (total dollar) for each **Account, Center, Percentage of funding source** and click “Select” for drop down box for fund source options.

COMMENTS/JUSTIFICATION: Provide a complete justification for purchases. Keep your justification to three (3) or four (4) sentences.

DPH PURCHASING REPRESENTATIVE: Name and phone number of the person that will be handling the procurement process. This information helps to contact the person if questions arise.

REQUIRED SIGNATURE AREA:

- **PROGRAM MANAGER APPROVAL: (Supervisor)**
- **DPH CHIEF BUDGET MANAGER APPROVAL (This signature validates Funds are available)**
- **DPH Information Technology APPROVAL (Required for all IT purchases)**
- **Division of Information Resource Management (DIRM) IT APPROVAL (Required by DHHS Office of Procurement & Contract Services to have all IT hardware and software request 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.

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