

Form: PSCR
Revised: 8/29/11

PROCUREMENT SERVICES CONTRACT REQUEST

Date

Customer of Contract

E-mail

Phone #

Business Contact, if different then above

E-mail

Phone #

Project Title

Campus

Target Date

Contract Start Date

Contract End Date

PO/SC/FC No., if applicable

RFP/RFQ No., if applicable

Sole source - if checked, please attach a copy of the Request for Waiver of Competitive Bid, Professional Services Selection Summary or Architects and Engineering Services Selection Summary.

Vendor Proposed Cost

Cost Breakdown

**Contract
Overview**

Funding Information

FUND

COST OBJECT

Department

PROCUREMENT SERVICES CONTRACT REQUEST

Routing Distribution List

Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>

Fiscal Authorization (include SPS as necessary)

Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>	E-mail	<input type="text"/>

Contract Request After Start Date

Complete this section *only* if the start date is prior to the date the Procurement Services Contract Request form is submitted.

Reason for the Delay

**Financial/
contractual risks
that may result
from delay**

**Identify the steps
taken to manage
and limit the
identified risks**

PROCUREMENT SERVICES CONTRACT REQUEST FORM INSTRUCTIONS

Form: PSCR This form is used to request a contract be created and/or negotiated by a contract analyst in Procurement Services.

1. **Date** : Select or enter the current date.
2. **Customer of contract**: This would be the Principal Investigator, Faculty, Staff or other individual for which the contract is needed.
3. List the customer's **e-mail**. (e.g. johndoe@purdue.edu)
4. List the customer's **phone number** (e.g. 9-9999 or xxx-xxx-xxxx)
5. List the **business contact**, if applicable. This would be the person submitting the contract request on behalf of the customer of contract.
6. List the **e-mail** of the business contact. E-mails regarding the progress and/or clarifications will go to this person.
7. List the **phone number** of the business contact.
8. **Project Title**: Insert Project Title (e.g. Purdue Water Tank Upgrade, Solaris - name of software, Contract # XXX SOW #2).
9. **Campus**: Select your campus (e.g. West Lafayette)
10. **Target Date**: Date for the contract to be fully executed. Date should be prior to contract start date.
11. **Contract Start Date**: The date listed in the contract as the beginning date. If listed in contract as upon signature, leave blank.
12. **Contract End Date**: The date listed in the contract as the end date.
13. **PO/SC/FC No**, if applicable: List the Purchase Order (PO), Shopping Cart (SC) or Funds Commitment (FC) number if applicable.
14. **RFP/RFQ No**, if applicable: List the Request for Proposal or Request for Quotation number, if applicable.
15. **Sole Source**: If checked, an accompanying document supporting the request needs to be attached.
16. **Vendor Proposed Cost**: Amount in contract
17. **Cost Breakdown**: How the amount is broken up in the contract (e.g. unit pricing, fixed fee, hourly rate, and caps for fees and/or expenses).
18. **Contract Overview**: Provide a brief summary of purpose and background.
19. **Fund**: Fund to be charged (e.g. 21010000)
20. **Cost Object**: This could be a cost center, internal order, real internal order, WBS element (e.g. 40090000000, 8000000000, 5000000000 or c.40.000000).
21. **Department**: Name of the department (e.g. Procurement Services)
22. **Name**: Name of all staff that should be included in the routing sheet distribution.
23. **Phone**: Phone number of named person.
24. **E-mail**: E-mail of named person.
25. **Name**: Name of all staff for Fiscal Approval, include SPS when applicable.
26. **Phone**: Phone number of fiscal approver.
27. **E-mail**: E-mail of fiscal approver.
28. **Reason for Delay**: An explanation of delay. Complete this section *only* if the start date is prior to the form being submitted.
29. **Financial /contractual risks that may result from delay**: Briefly explain any risks due to the delay.
30. **Identify the steps taken to manage and limit the identified risks**: Briefly explain the steps taken to manage the risks identified above.