

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 Wavier 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**