

## Acquisition Services Directorate INTERNAL Purchase Request Information Request

The following information request document must be completed to submit a purchase request to the Financial and Business (FBMS) Requisitioner. After you have completed all the fields below, this request must be approved by the appropriate program office supervisor or funds approver and submitted via the instruction identified in the attached instruction sheet.

### Preliminary Purchase Request Requisitioner Information

Name:	
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Program Office:	
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Type of Purchase Request: Check one of the possible options

Funded	Unfunded	Grants	Post Award
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Is this a modification to an existing award?	Yes	No
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If you answered yes, the following responses are required.

What is the Purchase Order number of the existing award?	
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Are you changing an existing CLIN?	Yes	No
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If you answered yes to the previous question, indicate the CLIN in the Line Item Data Table on this form.

Are you adding a line item or Changing funding data?	Yes	No
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If you answered yes to the previous question, complete the entire Line Item Data Table on this form.

Is this a modification to an existing PR not yet associated to an obligation?	Yes	No
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If you answered yes to the previous question, provide the number for the existing PR that is being modified.	
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### PR Header Information -

If this is a modification to a current award, provide the name of the existing Buyer or Contracting Officer	
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If this request is a de-obligation, what is the de-obligation amount?	
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If this is a de-obligation, what is the award number?	
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If this is a de-obligation, what is the line item you are de-obligating from?	
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Are you canceling/deleting a previously created PR (ie. Services/good no longer needed or PR was incorrect?	Yes	No
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If you answered yes to the previous question what is the PR number?	
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**Customer Data Tab (All Fields are Required, if Applicable))**

PR Title

Brief Statement of Work

UPC

Is this a pre-award change to a PR?

Yes

No

Delivery Date

Receiving Official

Certified COR

Originating Address

Originating Office Code

GSA/Other known Contract  
Number (If Applicable)

Is this a ratification?

Yes

No

**Public Sector Tab (Required)**

Period of Performance

Start Date

Period of Performance

End Date

**Delivery Address Tab (Required)**

Delivery Address

Street Number

Street Name

City

State

Zip

<b>Line Item Data (All Fields are Required, if Applicable)</b>										
<b>Complete this section by providing the required information for each of the line item Numbers. If Additional line numbers are needed, provide additional items and corresponding required information on a separate page.</b>										
Line Number	Good/Service	Description	Unit of Measure	Quantity	Unit Price	Total	UPC	Purchasing Group	Delivery Date	Plant
10										DO
20										DO
30										DO
40										DO
50										DO

<b>Account Assignment Tab/Limits Tab (All Fields are Required, if Applicable)</b>						
Line Number	% or Dollar Allocated	Commitment Item	Cost Center	Fund	WBS (Project Code)	Functional Area
10		Derived in FBMS				
20		Derived in FBMS				
30		Derived in FBMS				
40		Derived in FBMS				
50		Derived in FBMS				

Suggested Vendor	Subject to Availability of Funds	
	Yes	No

<b>Approvals – Please Print and Sign</b>	
Branch Chief / Program Office Supervisor ( <b>Required</b> )	Date
FBMS Supervisory Approver (If Applicable)	Date
Property Approver (If Applicable)	Date
IT Approver (If Applicable)	Date
Ad Hoc Approver (If Applicable)	Date
Certifying Funds Approver ( <b>Required</b> )*	Date

If additional approvals are necessary please sign and date below.

\*For OS offices, the Certifying Funds Approver is the OS Office of Budget.