



APPENDIX B-1 – PURCHASE REQUEST FORM – GOODS

City and Borough of Sitka

GOODS >\$2,500

PO Number#: _____ (PO# filled in after approval)

DATE INITIATED: _____ REQUESTED BY: _____

PROJECT NAME AND/OR DESCRIPTION OF REQUEST (Please attach if additional space is required):

Justification:

Required Information:

1. What is the cost of this request? _____

2. Check one box and indicate name of vendor and \$ value:

Bid Quote RFP or RFQ Exempt (See #8)

Name

Value

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Note: Unless exempt for competitive bidding by Section 9, Section 12 must be completed. For purchases from \$25,000 - \$50,000 a Quote Request Form and quotes received must be attached to this form. For purchases >\$50,000 the bid decision matrix must be attached to this form.

3. Is this a Fixed Asset? YES NO

4. Is a new appropriation required? YES NO

Note: If "Yes" Assembly must approve a Budget Ordinance – attach documentation of Assembly Approval.

5. Source of approved funds for this request (check all that apply):

Operating Capital Grant Other

6. Account Name and Number(s): _____ &

7. Total project/account funding: _____

8. Contingency amount remaining: _____

9. Is a competitive process required (see the CBS Purchasing Procedure for requirements)? YES NO

Note: If "No" please check the box for the reason why a competitive bid is not required. [Department Director must also initial the box.] Please state which item below from the Sitka General Code applies (section 3.16.060 "Exception to competitive requirements"):

Below \$2,500 Sole Source Emergency Specialized Equipment

Other _____ Interagency or Government Contract

Note: If "Yes" and the cost of the request is >\$50,000 then the signature approval list must include the Contract Manager/Coordinator and the bid decision matrix must be attached.

10. Define the required payment terms (such as "net 30"): _____

Will a portion of this Purchase be billed to a Grant? YES NO

Granting Agency and Grant Number: _____

Note: If "Yes" then the signature approval list must include the Grant Accountant to ensure that any special contracting requirements are stated and complied with.

11. Will this purchase follow all CBS standard terms and conditions? YES NO

Note: If the answer is "No" then a completed Exceptions to Standard Contract Form must be attached to this form.

12. Indicate which of the following forms are attached **if applicable**:

- | | |
|---|---|
| <input type="checkbox"/> Scope/product description | <input type="checkbox"/> Documentation of Assembly Approval |
| <input type="checkbox"/> Exceptions to Standard Contract Form | <input type="checkbox"/> Quote Request Form |
| <input type="checkbox"/> Written quotes from vendors | <input type="checkbox"/> Bid decision matrix |
| <input type="checkbox"/> Other (Key Milestones, Time Frame, etc.) | <input type="checkbox"/> Proof of Insurance |

13. I have reviewed this procurement and determined that this purchase was not split into smaller transactions with the intent to allow a lower level of review and approval.

REQUIRED?	APPROVALS (in sequence below)	DATE RECEIVED	DATE APPROVED
<input checked="" type="checkbox"/>	REQUESTED BY		
<input type="checkbox"/>	GRANT ACCOUNTANT		
<input type="checkbox"/>	CONTRACT MANAGER		
<input type="checkbox"/>	CHIEF FINANCE & ADMINISTRATIVE OFFICER		
<input type="checkbox"/>	MUNICIPAL ATTORNEY		
<input type="checkbox"/>	DEPARTMENT DIRECTOR		
<input type="checkbox"/>	MUNICIPAL ADMINISTRATOR		