

REQUISITION

STATE PROCUREMENT BUREAU

State Financial Service Division
 Montana Department of Administration
 P.O. Box 200135
 Helena, MT 59620-0135
 Phone: (406) 444-2575
 Fax: (406) 444-2529
 TTY Users-Dial 711

BILLING

Name:
 Agency:
 Division Name:
 Bureau Name:
 Address:
 City, State ZIP:

SHIPPING (if different from billing address)

Name:
 Agency:
 Division Name:
 Bureau Name:
 Address:
 City, State ZIP:

Date:
 Agency Requisition Number:
 Agency Name:
 Agency Contact Person:
 Phone:
 Fax:
 E-mail:
 Requisition Prepared By:

1. Short project title:
2. For which fiscal year:
3. Are federal funds involved? Yes No
4. Suggested vendors list attached? Yes No
5. Could this project be done as an enterprise solution? Yes No
6. RFP IFB Sole Source (justification attached)
7. Will payments to contractor be made via ProCard? Yes No

QTY	UNIT	DESCRIPTION	ESTIMATED UNIT PRICE	TOTAL
(Attach more pages if needed)			ESTIMATED INITIAL CONTRACT VALUE	

I certify that the items or services specified in this requisition are absolutely necessary; that they are to be used for the benefit of the State of Montana; that there are proper authority of law and sufficient funds for this purchase; and that this purchase will not result in any request for additional funds from the Legislature.

 Authorized by Date

Requisitions with an expected Total Contract Value of \$200,000 or greater require approval by the Executive Branch Department Director, and will not be accepted by SPB without these approvals.

 Director's Authorization Date

Requisitions with an expected Total Contract Value of \$200,000 or greater require approval by the Office of Budget and Program Planning, and will not be accepted by SPB without these approvals.

 Office of Budget and Program Planning Authorization Date

COMMENTS: