



PURCHASE REQUEST

State Form 54398 (R/1-16)

Approved by State Board of Accounts, 2016

INDIANA DEPARTMENT OF NATURAL RESOURCES

INSTRUCTIONS: Enter data, save document to computer, and attach saved document to email. Submit to DNR Purchasing **via email only** at dnrpurchase@dnr.in.gov, or submit first through division as protocol requires. Printed, faxed, or scanned copy cannot be accepted.

GENERAL INFORMATION

Division Name	Property Name	Date of Request <i>(month, day, year)</i>	Delivery Date <i>(month, day, year)</i>
Estimated Total Cost	Contract ID Number <i>(if known)</i>	Requisition Number <i>(if known)</i>	PO Number <i>(if known)</i>
Primary Contact Name	Primary Contact Telephone	Secondary Contact Name	Secondary Contact Telephone
Other Contact Name	Other Contact Telephone	<i>All contacts listed will receive copy of completed Purchase Order.</i>	Vincent # <i>(DNR Purchasing use only)</i>

CHARTFIELD INFORMATION

"Bill To" Dept. ID (Invoice)	"Ship To" Dept. ID (Delivery)	"Charge To" Dept. ID (Payer)	Incident <i>(if applicable)</i>
Fund	Account	Program	Project
Activity	Source Type	Source Category	Source Subcategory

QPA INFORMATION

*In lieu of an Encompass QPA Requisition, a Purchase Request may be submitted for QPA/PEN/INARF purchases by listing desired items and pricing in Vendor #1 column on the **SOLICITED/QUOTED VENDOR PRICING COMPARISON DETAIL** table on Page 4.*

Is item available and/or quoted via QPA?	YES NO	QPA Vendor Name	QPA Contract Number
Is item available and/or quoted via PEN/INARF?	YES NO	Vendor Name	PEN/INARF Contract Number

DESCRIPTION, JUSTIFICATION, AND INTENDED USE INFORMATION

*Provide a description of desired items including how and where they will be used. If more space is needed, use the **ADDITIONAL INFORMATION** table on Page 6. To help facilitate order accuracy when purchasing multiple items, complete the **DETAILED ITEM DESCRIPTIONS/SPECIFICATIONS** table on Page 7 with further, more precise details and specifications.*

SPECIAL CONSIDERATIONS INFORMATION

Is purchase to be delivered by the vendor or picked-up by DNR personnel? <i>If vendor will deliver, shipping costs should be included in item pricing.</i>	VENDOR TO DELIVER DNR TO PICK UP
Will on-site labor/installation be conducted by DNR personnel? <i>Consult first with DNR Public Works/DNR Engineering personnel if outside vendor will provide labor or installation.</i>	YES NOT APPLICABLE
Is purchase considered to be a Special Procurement according to IC 5-22-10? <i>Request for Special Procurement (State Form 54650) required when vendor no competition/solicitation performed.</i>	YES NOT APPLICABLE
Is this request for printing or for the creation/adjustment of an official State Form? <i>All printing and State Form creation/adjustment require additional forms to be submitted with Purchase Request.</i>	YES <i>(covers printing and forms)</i> NOT APPLICABLE
Has consultation/approval been provided by the DNR Division of MIS? <i>Consult first with DNR MIS if related to technology software, hardware, service, components, or data management/storage.</i>	YES NOT APPLICABLE
Does request have a related surplus or trade-in consideration? <i>Submit Notification of Surplus State-Owned Property (State Form 13812) with request.</i>	YES NOT APPLICABLE

PROCUREMENT METHOD INFORMATION – SELECT ONLY ONE

Indicate below which type of procurement method is being requested with this document.

\$500 TO \$4,999.99	Exact quoted vendor pricing provided in request determines low responsive/responsible vendor award. If \$2,500 or More, DNR Purchasing will seek additional paperwork from awarded vendor.
\$5,000 OR MORE	Provide estimated per-unit pricing for all desired items. Purchases in this category require DNR Purchasing to solicit suggested vendors for official written quotes which will determine award.
PO CHANGE ORDER	On Page 1, enter existing PO Number and/or new Requisition Number (if applicable) in the appropriate fields. Enter a description of and justification for the desired adjustment to the existing PO in the DESCRIPTION, JUSTIFICATION, AND INTENDED USE INFORMATION section.
CONFIRMING PO or CONFIRMING QPA	Unless a blanket Confirming QPA exception, purchases conducted via Confirming PO require prior approval from DNR Purchasing and perhaps other Admin Divisions. For Confirming QPA requests, a scan of the vendor invoice(s) must be emailed with the Purchase Request.

VEHICLE AND LARGE EQUIPMENT INFORMATION

Is this request for the purchase of (new or used) large equipment? <i>Requests for purchase of new plated, titled, or registered (commissioned) vehicles, trailers, watercraft, and UTVs should be submitted first to DNRFleet@dnr.in.gov.</i>		YES	NO
Does this request for repair concern a plated vehicle or a piece of large equipment? <i>Repair is labor performed by an outside vendor that may include replacement parts used during the service. Complete all vehicle/large equipment information below and list vendor hourly shop rates in Per-Unit/Hourly \$ columns on SOLICITED/QUOTED VENDOR PRICING COMPARISON DETAIL table on Page 4. Consult with DNR Fleet regarding payment via fleet credit card for repairs estimated to cost \$500 to \$2,499.99.</i>		PLATED VEHICLE	
		LARGE EQUIPMENT	
Make of vehicle/equipment	Model of vehicle/equipment	Year of vehicle/equipment	
M5 Unit Number	Current Mileage	Estimated Vehicle/Equipment Value \$ <i>(Kelly Blue Book, dealer estimate, etc.)</i>	

CONTRACTS INFORMATION

Complete this section for contracts, grants, leases, MOUs, or other types of State agreements. Agreements costing less than \$2,500 OR lasting fewer than ninety (90) days do not **require** a contract. For desired DNR Collaborators, indicate name, division, and whether collaborator should be granted Display Only, View/Comment access or Edit/Comment access.

Type of Contract – <i>Select Only One</i> Procurement Professional/Personal Services Grant Agreement MOU Lease Outside Counsel License Agreement Other: _____	Beginning Date <i>(month, day, year)</i>	Ending Date <i>(month, day, year)</i>	
	Total \$ of this Action	New Contract Total \$	
	Revenue \$ Generated: This Action	Revenue \$ Generated: Total Contract	
	Total \$ of This Renewal	Renewal Number	
	Total \$ of This Amendment	Amendment Number	
First Fiscal Year of Contract:		\$ in First Fiscal Year:	
Second Fiscal Year of Contract:		\$ in Second Fiscal Year:	
Third Fiscal Year of Contract:		\$ in Third Fiscal Year:	
Fourth Fiscal Year of Contract:		\$ in Fourth Fiscal Year:	

Statutory Authority *(Cite applicable Indiana and Federal Codes.)*

DNR contacts on Page 1 will **not** automatically receive SCM access. Indicate below type of access being requested for this action.

DNR Collaborator Name	DNR Collaborator Email	DISPLAY ONLY	VIEW/COMMENT	EDIT/COMMENT
DNR Collaborator Name	DNR Collaborator Email	DISPLAY ONLY	VIEW/COMMENT	EDIT/COMMENT
DNR Collaborator Name	DNR Collaborator Email	DISPLAY ONLY	VIEW/COMMENT	EDIT/COMMENT

VENDOR INFORMATION*List additional vendors using the appropriate DNR Purchase Request Supplemental Sheet if needed.***VENDOR #1**

Vendor #1 Company Name	DBA Company Name	Federal ID Number
Street Address 1	Street Address 2	City, State, ZIP
Contact Name	Contact Telephone	Contact Fax
Contact Email	AOS Vendor ID Number <i>(if known)</i>	IDOA Bidder ID Number <i>(if known)</i>

VENDOR #2

Vendor #2 Company Name	DBA Company Name	Federal ID Number
Street Address 1	Street Address 2	City, State, ZIP
Contact Name	Contact Telephone	Contact Fax
Contact Email	AOS Vendor ID Number <i>(if known)</i>	IDOA Bidder ID Number <i>(if known)</i>

VENDOR #3

Vendor #3 Company Name	DBA Company Name	Federal ID Number
Street Address 1	Street Address 2	City, State, ZIP
Contact Name	Contact Telephone	Contact Fax
Contact Email	AOS Vendor ID Number <i>(if known)</i>	IDOA Bidder ID Number <i>(if known)</i>

VENDOR #4

Vendor #4 Company Name	DBA Company Name	Federal ID Number
Street Address 1	Street Address 2	City, State, ZIP
Contact Name	Contact Telephone	Contact Fax
Contact Email	AOS Vendor ID Number <i>(if known)</i>	IDOA Bidder ID Number <i>(if known)</i>

VENDOR #5

Vendor #5 Company Name	DBA Company Name	Federal ID Number
Street Address 1	Street Address 2	City, State, ZIP
Contact Name	Contact Telephone	Contact Fax
Contact Email	AOS Vendor ID Number <i>(if known)</i>	IDOA Bidder ID Number <i>(if known)</i>

VENDOR #6

Vendor #6 Company Name	DBA Company Name	Federal ID Number
Street Address 1	Street Address 2	City, State, ZIP
Contact Name	Contact Telephone	Contact Fax
Contact Email	AOS Vendor ID Number <i>(if known)</i>	IDOA Bidder ID Number <i>(if known)</i>

SOLICITED/QUOTED VENDOR PRICING COMPARISON DETAIL – VENDORS #1, #2, #3																			
Complete table with <u>exact</u> vendor quote/bid pricing for non-QPA purchases \$500 TO \$4,999.99, and with <u>estimated</u> per-unit pricing for non-QPA purchases \$5,000 or more. Use Vendor #1 column to list pricing when no vendor competition required or when ordering from QPA/PEN/INARF vendors. Use following page to list pricing for more than three (3) vendors. If more than twenty-five (25) items and/or more than six (6) vendors, then use the appropriate DNR Purchase Request Supplemental Sheets .																			
Requisition Number				PO Number				Contract ID Number				QPA Contract Number				PEN/INARF Contract Number			
Check box if using vendor itemized quote in lieu of this table when no vendor competition required. DNR Purchasing: Check if using Sourcing documents when \$5,000 or more.				Vendor #1 Company Name				Vendor #2 Company Name				Vendor #3 Company Name							
				Pricing Date (month, day, year):				Pricing Date (month, day, year):				Pricing Date (month, day, year):							
Item	Item Name	Item Number	Qty.	Per-Unit/ Hourly \$	Ext \$	DNR Purchasing only		Per-Unit/ Hourly \$	Ext \$	DNR Purchasing only		Per-Unit/ Hourly \$	Ext \$	DNR Purchasing only					
						Pref/%	Eval \$			Pref/%	Eval \$			Pref/%	Eval \$				
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TOTAL \$ AMOUNT OF VENDOR QUOTE =				Vendor #1 TOTAL QUOTE \$				Vendor #2 TOTAL QUOTE \$				Vendor #3 TOTAL QUOTE \$							
ONLY FOR \$5,000 OR MORE: After Absolute and Price Pref/% applied =				Vendor #1 TOTAL EVAL \$				Vendor #2 TOTAL EVAL \$				Vendor #3 TOTAL EVAL \$							
Vendor pricing should EXCLUDE Indiana State Sales Tax. Vendor pricing should INCLUDE all shipping/handling/delivery fees as part of Per-Unit/Hourly \$ pricing.																			

SOLICITED/QUOTED VENDOR PRICING COMPARISON DETAIL – VENDORS #4, #5, #6															
Complete table with <u>exact</u> vendor quote/bid pricing for non-QPA purchases \$500 TO \$4,999.99, and with <u>estimated</u> per-unit pricing for non-QPA purchases \$5,000 or more. If more than twenty-five (25) items and/or more than six (6) vendors, then use the appropriate DNR Purchase Request Supplemental Sheets .															
Requisition Number		PO Number		Contract ID Number				QPA Contract Number				PEN/INARF Contract Number			
DNR Purchasing only: Check if using Sourcing documents when \$5,000 or more.				Vendor #4 Company Name				Vendor #5 Company Name				Vendor #6 Company Name			
				Pricing Date (month, day, year):				Pricing Date (month, day, year):				Pricing Date (month, day, year):			
Item	Item Name	Item Number	Qty.	Per-Unit/ Hourly \$	Ext \$	DNR Purchasing only		Per-Unit/ Hourly \$	Ext \$	DNR Purchasing only		Per-Unit/ Hourly \$	Ext \$	DNR Purchasing only	
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TOTAL \$ AMOUNT OF VENDOR QUOTE =				Vendor #4 TOTAL QUOTE \$				Vendor #5 TOTAL QUOTE \$				Vendor #6 TOTAL QUOTE \$			
ONLY FOR \$5,000 OR MORE: After Absolute and Price Pref/% applied =				Vendor #4 TOTAL EVAL \$				Vendor #5 TOTAL EVAL \$				Vendor #6 TOTAL EVAL \$			
Vendor pricing should EXCLUDE Indiana State Sales Tax. Vendor pricing should INCLUDE all shipping/handling/delivery fees as part of Per-Unit/Hourly \$ prices.															

ADDITIONAL INFORMATION

If needed, use this space to provide additional specification description, purchase justification, and intended use information, or other miscellaneous data and background relevant to the purchase.

DETAILED ITEM DESCRIPTIONS/SPECIFICATIONS		
Item	Item Name	Enter detailed, complete descriptions and specifications for each item. Item Name will match listing of items entered in <i>SOLICITED/QUOTED VENDOR PRICING COMPARISON DETAIL</i> table. If more than twenty-five (25) items, then use appropriate DNR Purchase Request Supplemental Sheet .
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THIS PAGE FOR DNR PURCHASING USE ONLY

Requisition Number		PO Number		Contract ID Number	
Assigned Buyer Name		Division Name		Property Name	
Solicitation Open Date <i>(month, day, year)</i>		Date of Evaluation <i>(month, day, year)</i>		Will this purchase be a Split Award? YES NO	
SOLICITED/QUOTED VENDOR EVALUATION PRICING AND AWARD					
Vendor #1 Company Name		Vendor #1 TOTAL QUOTE \$		Vendor #1 TOTAL EVAL \$	
AWARD TO VENDOR #1? YES NO		SMALL BUSINESS SET ASIDE? YES NO		ITEM LINES AWARDED (1-25)	
DOR	DWD	SOS	SAM	SVL	
Clearance/Registration Comments:					
Vendor #2 Company Name		Vendor #2 TOTAL QUOTE \$		Vendor #2 TOTAL EVAL \$	
AWARD TO VENDOR #2? YES NO		SMALL BUSINESS SET ASIDE? YES NO		ITEM LINES AWARDED (1-25)	
DOR	DWD	SOS	SAM	SVL	
Clearance/Registration Comments:					
Vendor #3 Company Name		Vendor #3 TOTAL QUOTE \$		Vendor #3 TOTAL EVAL \$	
AWARD TO VENDOR #3? YES NO		SMALL BUSINESS SET ASIDE? YES NO		ITEM LINES AWARDED (1-25)	
DOR	DWD	SOS	SAM	SVL	
Clearance/Registration Comments:					
Vendor #4 Company Name		Vendor #4 TOTAL QUOTE \$		Vendor #4 TOTAL EVAL \$	
AWARD TO VENDOR #4? YES NO		SMALL BUSINESS SET ASIDE? YES NO		ITEM LINES AWARDED (1-25)	
DOR	DWD	SOS	SAM	SVL	
Clearance/Registration Comments:					
Vendor #5 Company Name		Vendor #5 TOTAL QUOTE \$		Vendor #5 TOTAL EVAL \$	
AWARD TO VENDOR #5? YES NO		SMALL BUSINESS SET ASIDE? YES NO		ITEM LINES AWARDED (1-25)	
DOR	DWD	SOS	SAM	SVL	
Clearance/Registration Comments:					
Vendor #6 Company Name		Vendor #6 TOTAL QUOTE \$		Vendor #6 TOTAL EVAL \$	
AWARD TO VENDOR #6? YES NO		SMALL BUSINESS SET ASIDE? YES NO		ITEM LINES AWARDED (1-25)	
DOR	DWD	SOS	SAM	SVL	
Clearance/Registration Comments:					
Check box if more than six (6) vendors. See corresponding DNR Purchase Request Supplemental Sheets.					
DETAILS OF EVALUATION/JUSTIFICATION FOR VENDOR SELECTION					
AWARD RECOMMENDATION REVIEW/APPROVAL					
ASSIGNED BUYER SIGNATURE and DATE <i>(month, day, year)</i>					
APPROVER SIGNATURE and DATE <i>(month, day, year)</i>					