

# Purchasing Checklist and Bid Summary Form

(Complete per Requirements of the Buyer Actions Matrix)

Purchaser's Name:

Date:

Requisition or Purchase Order Number (if available/applicable):

To comply with University Purchasing Policy, Uniform Administrative Guidance and other government regulations, completion of this Purchasing Checklist/ Bid Summary Form is **required for all transactions \$5,000 or greater with non-Pre-Qualified Suppliers; and, for all transactions greater than or equal to \$150,000 with Pre-Qualified Suppliers.**

This form must be sent to the Purchasing Department with all supporting documentation upon completion of a requisition or a PO. Failure to do so will cause a non-compliance memo to be issued and all/or associated paperwork will be returned to the user for reprocessing.

FEDERAL GOVERNMENT FUNDS?    YES    NO                      OTHER SPONSORED FUNDS?    YES    NO

Describe the goods and/or services being procured:

If applicable, list the three most competitive quotations/proposals solicited and received: Mark the number indicating your chosen supplier. Provide written quotations greater than or equal to \$25,000.

<u>Supplier Name</u>	<u>Items/Services Price plus any other charges</u>	<u>Shipping Cost &amp; / FOB Point *</u>	<u>Payment for and/or Discount Terms*</u>	<u>Negotiated Total Order Price</u>	<u>Chosen Supplier</u>
1					
2					
3					

(\* i.e., \$350/ Dest or \$350 / Orgin)

(\* i.e., 2%10 Net 30 or 10% Edu)

**Note:** Greater than or equal to \$25,000 - Detailed Capital Budget Request required?    YES    NO

(Subject to the scope of the [Capital Expenditure Policy](#))

If yes, was it completed, approved and forwarded to Purchasing?    YES    NO

**Explain criteria for supplier selection. Use the second page of this form to record price/cost analysis information or include a separate document/ spreadsheet. (attach copies of quotes/proposals received, as required)**

Check the reason that you chose this supplier or consultant:

Supplier was the low bidder.

Supplier provided the best evaluated responsible offer (other than low bidder) – provide evaluation criteria \*

Supplier/consultant is the only manufacturer/provider of this good or service [2 CFR 200.320(f)(1)] \*

An unusual and compelling urgency precludes full and open competition – provide rationale [2 CFR 200.320(f)(2)]

The Federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to written request from the non-Federal entity – provide verification [2 CFR 200.320(f)(3)] \*

After solicitation of a number of sources competition is determined inadequate [2 CFR 200.320(f)(4)] \*

(\* Requires explanation; attach supporting documentation):

Price/Cost Analysis Based on: (Ref. Methods to Determine Price Reasonableness Document); In accordance with 2CFR 215.45; 10.2306(a), and Public Law 87-653

Adequate price competition	Comparable to Price Sold to Fed. Gov't. *
Catalog/Market Pricing *	Historical pricing (* Provide previous PO#)
Comparison to in-house estimate *	Comparison to similar items *
Comparable Customer's Invoice	Cost Analysis *
Award specifically identifies item/person and price (* Ref attached instructions)	

(\* Requires further explanation - Summary of analysis; attach supporting documentation):

**Greater than or equal to \$750,000 – Certificate of Current Cost and Pricing required? (FAR 15.403-4)** YES NO

If Yes, was it obtained? YES NO

**Note: If federal government funds are being used and the order is over \$150,000, FAR Part 19.702 requires that certain types of small businesses (i.e., disadvantaged, women-owned, veteran-owned, service disabled veteran-owned and HUBZone) shall have the maximum practicable opportunity to participate in contract performance consistent with its efficient performance. Were any of the following groups solicited? (48CFR 15.406-2)**

YES	NO	Small	Disadvantaged	HUBZone	Women-owned
		Veteran-owned	Service Disabled Veteran-owned		

If not solicited, explain why not:

If solicited and not chosen, explain why not:

**Greater than or equal to \$700,000 – Small Business Utilization Plan required? [FAR 19.702(a)(1)]** YES NO

If Yes, was it obtained, approved and incorporated into the PO? YES NO

Name of person preparing this document:

Department Name:

Phone Number:

Department Approval:  
(other than Preparer)

Date:

Purchasing Review By:

Date: