

Purchasing Checklist and Bid Summary Form

(Complete per Requirements of the Buyer Actions Matrix)

Preparing people to lead extraordinary lives

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: Circle or 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 &/ FOB Point *</u>	<u>Payment for and/or Discount Terms *</u>	<u>Negotiated Total Order Price</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

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

(* i.e., 2%10 Net30 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)] *
- Other *

(* **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

- | | |
|--|--|
| <input type="checkbox"/> Adequate price competition | <input type="checkbox"/> Comparable to Price Sold to Fed. Gov't. * |
| <input type="checkbox"/> Catalog/Market Pricing * | <input type="checkbox"/> Historical pricing (* Provide previous PO#) |
| <input type="checkbox"/> Comparison to in-house estimate * | <input type="checkbox"/> Comparison to similar items * |
| <input type="checkbox"/> Comparable Customer's Invoice | <input type="checkbox"/> Cost Analysis * |
| <input type="checkbox"/> 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
- | | | | |
|-------------------------------------|--|-------------------------------|-----------------------------------|
| <input type="radio"/> Small | <input type="radio"/> Disadvantaged | <input type="radio"/> HUBZone | <input type="radio"/> Women-owned |
| <input type="radio"/> Veteran-owned | <input type="radio"/> 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: _____ Date: _____

(other than Preparer)

Purchasing Review By: _____ Date: _____