**STATE OF UTAH - DEPARTMENT OF GOVERNMENT OPERATIONS**

**Division of Purchasing & General Services**

**4315 S 2700 W FL3 Taylorsville, UT 84129-2128**

**Phone: 801-957-7160 www.purchasing.utah.gov**

**Professional Service (“PS”) Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:**  |  | **Event #:**  |  |  (Inserted by State Purchasing) |
|  |

**Note a PS process cannot under any circumstances result in a contract that exceeds $100,000 for the full project or contract term (except for healthcare provider services which are allowed up to $100,000 per year). See Utah Administrative Code R33-105-104.**

Choose agency contract or purchase order and then fill in the appropriate information.

Complete the form below.

|  |  |
| --- | --- |
| **[ ]** Agency Contract 1. RQM number:
2. Insert desired term of contract:
3. Approximate Start Date:
4. Will this PS replace an existing contract? If yes, please provide the contract # and expiration date:
 | **[ ]** Purchase Order1. RQS Number:
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|  |  |
| --- | --- |
| **Department/Division Name:** |  |
| **Contact Person and Title:** |  |
| **E-mail address:** |  |
| **Telephone Number:** |  |
| **Description of Service to be purchased:** (Be specific and concise) |  |
| **Budget for Project:** |  |

***When conducting a PS, the agency should not discuss cost or request a quote. Administrative Rule requires State Purchasing to be involved in obtaining any quotes related to this process.***

|  |  |
| --- | --- |
| **\*Vendor 1 Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Telephone Number:** |  |
| **Fax Number** |  |
| **Qualifications for Vendor 1:**  |
|  |
| **\*Vendor 2 Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Telephone Number:** |  |
| **Fax Number** |  |
| **Qualifications for Vendor 2:**  |
|  |
| **\*Vendor 3 Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Telephone Number:** |  |
| **Fax Number** |  |
| **Qualifications for Vendor 3:**  |
|  |
| **\*Vendor 4 Name:** |  |
| **Contact Person:** |  |
| **E-mail Address:** |  |
| **Telephone Number:** |  |
| **Fax Number** |  |
| **Qualifications for Vendor 4:** |
|  |
| **\*Attach additional pages as needed.** |
| **For Services estimated to be less than $100,000, the agency will identify the most qualified firm.****Vendor Name:       Finet Vendor Number (if available):** |

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| **Award Recommendation: (*Inserted by State Purchasing*)** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *FOR STATE PURCHASING USE FOLLOWING SOLICITATION AWARD*

|  |  |
| --- | --- |
| **For State Purchasing Use Only**  | Agent: |
| Commodity Code(s)**\***: |  |
| Terms & Conditions**\***: |  [ ]  PO for services [ ]  Standard T&C’s for services [ ]  IT for DTS only[ ]  Att. B IT-Non DTS [ ]  Other (describe)  |
| Remittance Address for Awarded Vendor: |  |
| FINET Vendor Code (if available): |  |
| **Quotes:**  |
| Vendor #1 |  |
| Vendor #2 |  |
| Vendor #3 |  |
| Vendor #4 |  |

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