**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 Order   1. RQS Number: |

|  |  |
| --- | --- |
| **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 |  | |