

CHAPTER 200, APPENDIX B
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Note: All (DCS) Central Purchasing, Construction and Properties, and State Leasing forms (B1 through B11) are available on the DCS website at www.dcs.state.ok.us

STATE OF OKLAHOMA

OSFFORM 6 - (Revised 7/96)
Not valid until encumbered on
the records in the Office of State
Finance. Void one year from
date of issue

Office of State Finance AUTHORIZATION FOR PURCHASES

DATE:	ORDER NUMBER:
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Granted To:

You are hereby authorized to make purchases not to exceed the total encumbrance(s) listed. The purchases authorized are limited to those purchases or acquisitions that are not subject to the Central Purchasing Act, the Competitive Bidding Act, competitive bid requirements established by

(Identify Controlling Board or Commission),
or purchases made under grant or authority from the Department of Central Services.

FUND	AGENCY	ACCOUNT	SUB-ACTIVITY	AMOUNT

The Office of State Finance hereby determines that the best interest of the State will be served by authorizing the above stateagency to make purchases on this authorization.

OSF Audited By: _____

Agency Director or Designee

<p style="text-align: center;">LOCAL PROJECT FUNDING</p> <p style="text-align: center;">NOTIFICATION OF AWARD OF CONTRACT</p>

I. AGENCY /AWARD PROGRAM

Agency Name-No. _____

Award Program Name-No. _____

Contract No. _____

Contractee _____

Amount _____

II. CERTIFICATION

I hereby certify that to the best of my knowledge and belief, that:

1. All of the established objective criteria for this program have been applied pursuant to Executive Order 98-37,
2. This award meets these objective criteria,
3. This award ranked among the highest in terms of meeting the applicable program criteria, and
4. Notification to at least twenty-five newspapers as required in Executive Order 98-37 has been completed.

Signed by: _____
(principle Agency Administrator or Designee)

Name: _____

Title: _____

State of _____

County of _____

Subscribed and sworn before me this ____ day of _____, ____.

(Notary Public)

My commission expires the ____ day of _____, ____.

HARDWARE ACQUISITION

This form is to be completed in conjunction with any purchase requisition for computer hardware.

Agency Contact _____ Phone # _____

1. All acquisitions must be included in the current Data Processing Plan.
Identify by Project Name _____ .
Identify by Priority Number _____ .
What is the use and purpose of the hardware?

2. Are federal funds being used for this acquisition? If so, give percentage.
Yes _____ No _____ %

3. Is the hardware a purchase _____ lease _____ lease purchase _____
State terms:

4. Is the hardware an enhancement of an existing platform? Yes No
_____ _____

5. Will the equipment be installed and connected to an existing network? _____ _____

6. Review the life expectancy of the equipment use within the requesting agency.

Continued

HARDWARE ACQUISITION

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		Yes	No
7.	Is a maintenance agreement required? Can it be added to an existing agreement? What is the cost per year for maintenance? \$ _____ Is the first year included in the price?	___	___
8.	If training is required, is it included in the purchase price? If not, what is the cost? \$ _____ Is training to be done in-house?	___	___
9.	Does the equipment require software acquisition or modifications to the existing equipment? If so, what is the cost? \$ _____	___	___
10.	Is the acquisition mandated by legislation? State _____ Federal _____ Site the legislation:	___	___
11.	Will the equipment require building modification? (i.e., structure, heating, air conditioning, etc.) If so, what is the estimated cost? \$ _____	___	___
12.	Does the equipment comply with established Agency and State standards?	___	___
13.	List alternatives that were considered.		

SOFTWARE ACQUISITION

This form is to be completed in conjunction with any purchase requisition for computer software.

Agency Contact _____ Phone # _____

1. All acquisitions must be included in the current Data Processing Plan.
Identify by Project Name _____ .
Identify by Priority Number _____ .
What is the use and purpose of the software?

2. Are federal funds being used for this acquisition? If so, give percentage.
Yes _____ No _____ %

3. Is the software a purchase _____ lease _____
State terms:

	Yes	No
4. Is the software an update or product enhancement of an existing system or application?	___	___
5. Will the software be utilized by the entire agency and be used on a network?	___	___
6. Is a maintenance agreement required?	___	___
Can it be added to an existing agreement?	___	___
What is the cost per year for maintenance? \$ _____		
Is the first year included in the price?	___	___

Continued

OFFICE OF STATE FINANCE
AGENCY REQUISITION REVIEW

Agency Name _____ Date _____

Agency Requisition _____ Requisition Date _____

Contact Person _____ Telephone _____

Item _____

Hardware _____ Software _____ Amount of Request \$ _____

The request is a Purchase _____ Lease _____ Lease/Purchase _____

OSF PLANNING GROUP

The Systems Planning Group has reviewed this request. It is in the agency's Data Processing Plan or Telecommunications Plan and is in compliance with Title 62, Section 34.1, of the State Statutes.

Approved _____ Declined _____ Date _____

ISD DIRECTOR

Approved _____ Declined _____ Date _____

If declined, give explanation.

Date released to Department of Central Services _____

OSF 2133

NON-ADPICS

SOLE SOURCE/BRAND CONTRACTS/PURCHASE ORDERS

TO: Office of State Finance
2300 N. Lincoln Blvd., Rm. 106
Oklahoma City, OK 73105-4802

FROM: Agency Name: _____
Agency Number: _____
Reporting Month: _____

Contract/Purchase Order Number: _____ Adjustment Only (X): ____
Contract/Purchase Order Date: _____ Vendor FEI Number: _____
Vendor Business Name: _____ Vendor Contact: _____
Commodity Classification Code at Item Level and Amount: (e.g., xxxxx - \$100.00) _____

Sole Source/Brand approved by Agency Chief Admin. Officer ____ or Central Purchasing ____ (Check one)

Contract/Purchase Order Number: _____ Adjustment Only (X): ____
Contract/Purchase Order Date: _____ Vendor FEI Number: _____
Vendor Business Name: _____ Vendor Contact: _____
Commodity Classification Code at Item Level and Amount: (e.g., xxxxx - \$100.00) _____

Sole Source/Brand approved by Agency Chief Admin. Officer ____ or Central Purchasing ____ (Check one)

Contract/Purchase Order Number: _____ Adjustment Only (X): ____
Contract/Purchase Order Date: _____ Vendor FEI Number: _____
Vendor Business Name: _____ Vendor Contact: _____
Commodity Classification Code at Item Level and Amount: (e.g., xxxxx - \$100.00) _____

Sole Source/Brand approved by Agency Chief Admin. Officer ____ or Central Purchasing ____ (Check one)

Contract/Purchase Order Number: _____ Adjustment Only (X): ____
Contract/Purchase Order Date: _____ Vendor FEI Number: _____
Vendor Business Name: _____ Vendor Contact: _____
Commodity Classification Code at Item Level and Amount: (e.g., xxxxx - \$100.00) _____

Sole Source/Brand approved by Agency Chief Admin. Officer ____ or Central Purchasing ____ (Check one)

Contact Person: _____ Contact Phone Number: _____

_____ cc: Central Purchasing Director (For awards subject to Central Purchasing Act)

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