

UFIT Procurement Request

Complete GENERAL and FUNDING sections for ALL purchases.

Complete section(s) on page 2 for contracts, equipment, projects, totals over \$10,000, or special deliveries.

GENERAL:

Request Date: _____ Needed by Date: _____ (optional)

Requesting Unit/Team: _____ (required)

PO Contact: _____ Delivery Contact: _____ (optional)

NOTE: PO Contact is responsible for timely acknowledgement of receipt of goods or services.

Delivery address is required for ALL purchases. For items shipping to one of our special facilities, simply provide an appropriate label from Appendix A (i.e., For SSRB, For HUB)

Delivery Address: _____ (required)

City State, and ZIP: _____ (required)

Total Amount Requested: _____ (Over \$10,000? please complete Page 2)

Vendor: _____ (required)

Brief Description: (required)

Business Justification (one sentence that includes what service it supports and why it is necessary): (required)

QUOTE(S) & ADDITIONAL DOCUMENTATION: (clip to add attachments here)

FUNDING:

Department ID: _____ (required) Flex Code: _____ (required)

Project Code: _____ (optional)

Split information for multiple funding sources: _____ (optional)

Auxiliary Service Purchase? Yes No

NOTE: If item is a direct rebill outside of billing processes, please enter ticket in myIT > Tier 1 Support and email the UFIT Billing Team at it-bc-ufitbill@mail.ufl.edu.

SIGNATURE APPROVAL:

The UFIT Business Center will only process Procurement Request forms signed by the UNIT HEAD.

The fiscal responsibility of the unit cannot be delegated.

ADDITIONAL UNIT SIGNATURE (OPTIONAL) DATE

UNIT HEAD (REQUIRED) DATE

IF TOTAL IS GREATER THAN \$10,000:

Is the vendor a sole source provider? Yes No

*If No, a competitive (3-quote) bid is required

*If over \$75,000, an ITN is required

Is this related to a state contract? Yes No

If Yes, what is the contract/GSA number? _____

NOTE: Please provide quotes and additional information are attached on Page 1 of this document regarding the process followed to ensure the University of Florida received the lowest price possible for this item.

CONTRACT REQUEST:

Is this an existing contract? Yes No

If Yes, last year's PO number? _____

If No, has budget been approved? Yes No

Contract number as listed on the quote? _____

UFIT Staff responsible for contract? _____

Is a risk assessment required? Yes No

If yes, what is the RA number? _____

EQUIPMENT REQUEST:

If Data Center Logistics team is required for placing item(s) in service, provide date arranged with DCL Team:

Is any PER ITEM cost over \$5,000? Yes No

NOTE: An "item" may consist of many small parts that incorporate into one usable item. If the total of all parts for one item, exceeds \$5,000, please check Yes for decaling purposes and include which lines of the quote or invoice comprise the item. Attached additional documentation including the UFIT Item Breakdown spreadsheet, as needed.

How many decals will be needed? _____

Line Item Information: _____

SPECIAL DELIVERY:

Special Delivery Instructions?

APPENDIX A

1. For SSRB:

Bryant Space Science Center

UF Building #0038

1772 Stadium Road

Room 102C

Gainesville, Florida 32611

Delivery Instructions: Inside Delivery and “Straight Van Unloading Only - Not Tractor Trailer Accessible. Lift Gate Required”

2. For UFDC:

East Campus Data Center

UF Building #1635

2060 N.E. Waldo Road

Gainesville Fl. 32609

Delivery Instructions:

Inside Delivery and “Lift Gate Required, No Deliveries Processed 11 AM - 1 PM Daily”

Recipient information should be requestor, or project name or some other relevant information. It should NEVER be ATTN: UFIT or ICT or other generic information.

3. For Physics Building:

2001 Museum Rd B100

Gainesville FL 32611

4. For The Hub:

1765 Stadium Road

Gainesville, FL 32611

5. For Central Stores (Telecom Equipment Only):

1026 Magnolia Dr, Building 0705

Gainesville, FL 32611

6. For East Campus, Bldg 1603/JWB

2140 NE Waldo Rd

Bldg 1603 Rm 101

Gainesville, FL 32609