

**PURCHASES FOR SERVICES JUSTIFICATION FORM > $5,000 – PURCHASING SERVICES DEPARTMENT**

Departments must submit a requisition and include a hard copy of the Purchases for Services Justification form and [Contract Details form](http://www.bussvc.wisc.edu/purch/VendorInfo/Bids/ContractDetails.dotx). The Contract Details form must be routed via e-mail to your Dean’s or Divisional Officer for approval. Dean’s and Divisional offices e-mail to purch@bussvc.wisc.edu.

See PPP 30 <http://www.bussvc.wisc.edu/purch/ppp30.html> and PPP 33 <http://www.bussvc.wisc.edu/purch/ppp33.html> for general information regarding this form and purchases for services.

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| **This form is NOT required for the following:** * Affiliation Agreement, Memorandum of Understanding, etc. already exists
* Conference/Meeting Hotel hosting services
* Contract exists (UW, UW System, or DOA)
* Employee interchange
* Internal services done by another UW department or state agency
* IT services
* Maintenance for equipment
* Newspaper advertising services
* Regrant
* Software license agreement
* Speaker or Entertainer
* Sub-Award
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**COMPLETE ALL SECTIONS BELOW**

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| **1. Classification of Services:**  |
| Are services to be provided **“research services”** and affiliated with the University’s research mission? [ ]  **Yes**  [ ]  **No** |
| [ ]  Engineering services? | [ ]  Scientific research? | [ ]  Medical research? | [ ]  Other type of research services? (describe briefly)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| If **Yes**, provide the research project title and how the services relate to the research project. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Are services **“instructional services”** for a non-credit course, continuing education course, or a component of a credit course? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, provide course name and audience. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Are services **“consulting services”** not related to research or instruction? [ ]  **Yes**  [ ]  **No****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| If **Yes**, provide a brief description. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Other,** provide a brief description. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **2. Vendor Recommendation:** |
| Can services be performed by more than one provider? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, competition is required by Purchasing Services **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| If **No**, sole source justification is required. ([PPP#19](http://www.bussvc.wisc.edu/purch/ppp19.html))Why is the service provider UNIQUE (what skills/abilities make them the only viable provider)? (Note: sole source justifications must be validated and approved by Purchasing Services.) How was it determined that no other source is available and **who** made this proposal?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Is provider an individual? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, complete and attach Employer/Independent Contractor Determination Questionnaire after reviewing policy ([FPPP31](https://www.wisconsin.edu/financial-administration/financial-administrative-policies-procedures/fppp/31-rev-5-personal-services-payments/)) and [Personal Services Payment](https://www.wisconsin.edu/financial-administration/download/fppp/f31/fp31at4.pdf) Include any analyses done by Human Resources.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Is provider a former University employee? [ ]  **Yes**  [ ]  **No** (Note: if current employee, contact Human Resources)  |
| If **Yes**, include detailed information regarding appointment, title, etc. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **3. Status of Services:** |
| Have the services started? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, see [PPP6](http://www.bussvc.wisc.edu/purch/ppp6.html). Complete and attach forms related to an illegal purchase.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Have you discussed this service with a Purchasing Services Agent? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, who?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **4. Length of Services:** (indicate number of months, years, etc.) |
|  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **5. Funding Source:** |
| Are [sponsored funds](http://www.bussvc.wisc.edu/acct/nonsponsored/docs/ProjectDefinitions.pdf) paying for this service? [ ]  **Yes**  [ ]  **No** |
| If **Yes**, complete and attach Sub-Award Determination Questionnaire. (see <https://www.rsp.wisc.edu/awardmgt/subagmts.html>) |

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| **6. Fair Price Analysis** – ***REQUIRED FOR FEDERALLY FUNDED AGREEMENTS OVER $5000 AND NON-FEDERAL FUNDED AGREEMENTS OVER $25,000 and determined to be sole source in 2 above.*** |
| The price/cost of this contract has been determined as “commercially fair” by:[ ]  A comparison of costs for similar work in the marketplace \*[ ]  Prices that are publicly published by the provider for similar services \*[ ]  A comparison to in-house costs to do the same work \* [ ]  A competitive solicitation process was used for the purpose of cost analysis.[ ]  Other Cost Analysis \* \* Asterisked items require supporting detail of your “fair price analysis. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **7. Transaction** |
| Does this transaction relate to an existing or previous Service Agreement or Academic Support Services Agreement? |
| [ ]  **Yes**  [ ]  **No** |
| If Yes, include agreement #, title, and/or copy of agreement, ASSA # or previous PO#. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Requester or Principal Investigator Signature | Department Chair Signature |
| Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
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| ***(Insert Name)*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***(Insert Department)*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Name printed or typed | Department Chair name printed or typed |
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| Phone #: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Dean or Director Signature |
|  | Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
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| Requisition Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |