

**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](mailto: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.

|  |
| --- |
| **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 |

**COMPLETE ALL SECTIONS BELOW**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

|  |
| --- |
| **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.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **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?  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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

|  |
| --- |
| **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>) |

|  |
| --- |
| **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. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **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#. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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