State Form 43482 (R2/11-02)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

REQUEST FOR PROCUREMENT

Procurement Control # _____

NOTE: USE IPPR FORM FOR ALL DP EQUIPMENT (HARDWARE/SOFTWARE)

Request is for procurement of: (check as appropriate)

		Amount
_____	**PETTY CASH REIMBURSEMENT**	_____
_____	**DUES/MEMBERSHIPS/SUBSCRIPTIONS**	_____
_____	**TRAINING**	_____

Mail to Payee..... ☐ **Yes** ☐ **No**

Received by Requester..... ☐ **Yes** ☐ **No**

Signature _____ Date _____

Check Payable To:

_____

Address _____

City, State, ZIP Code _____

		Estimated Total Cost
_____	**EQUIPMENT PURCHASE** .... (furniture, calculators, fax machines, projectors, VCR's, printshop/mailroom apparatus)	_____
_____	**EQUIPMENT LEASE/RENTAL** .... (telephone systems, printshop/mailroom apparatus, copiers)	_____
_____	**EQUIPMENT MAINTENANCE/REPAIR** .... (fax machines, scanners, printshop/mailroom apparatus)	_____
_____	**JANITORIAL SUPPLIES** .... (light bulbs,shredder bags,trash can liners,soap)	_____
_____	**OFFICE SUPPLIES** (other than Stockroom items) .... (publications, videos, training materials, projector bulbs, name plates, flags)	_____
_____	**PREMISES ALTERATIONS/REPAIRS** .... (heating, ventilation, air conditioning (HVAC) systems electrical systems, owned building parking lot repairs)	_____
_____	**PREMISES - MAINTENANCI** .... (contracted janitorial services, contracted maintenance of HVAC systems, electrical systems)	_____
_____	**PREMISES - RENTALS** .... (office leases)	_____
_____	**PRINTING** (attach 3 samples) .... (request for outside vendors to print forms, envelopes, special publications)	_____
_____	**PROFESSIONAL SERVICES** .... (technical assistance contracts, consulting services, studies and surveys, accounting services)	_____
_____	**NON-PROFESSIONAL SERVICES** .... (floor mat cleaning/rental, data entry, legal transcription, call center agents, on-line information services)	_____

Quantity	Unit	Article/Description	Estimated Unit Price	Total Amount

PLEASE COMPLETE REVERSE SIDE

Justification: (Attach additional sheets if necessary) _____

Detailed Specifications: (Attach additional sheets if necessary) (Attach product literature if possible)

Name	Address	City, State, Zip Code

Date prepared: _____ Date needed: _____

Requester *(please include phone number)* *Requesting Office/Section*

Cost Center(s) _____

☐ Local Office Incentive ☐ Discretionary

Project / Activity Codes _____

Project / Activity Codes _____ Non-DP Budget Approval Number _____

FOR INTERNAL USE

Object Code _____ Check Number _____

Budget Request No. _____ SDO Number _____

A P P R O V A L

Cost Center Manager *Date*

Deputy Commissioner *Date*

Controller *Date*