

PURCHASE CARD TRANSACTION AUTHORIZATION

This checklist applies to Purchase Card transactions at or below the micro-purchase threshold only. See Section 3 below.

REQUESTER	CARDHOLDER	DATE
OFFICE or UNIT NAME	OFFICE or UNIT LOCATION	PHONE NUMBER

Section 1. PURCHASE JUSTIFICATION CHECKLIST (Write YES, NO, or N/A in the space provided, negative responses must be explained in Section 6 below.)

1. This proposed purchase is for official Government business only.
2. Funds are available for this proposed purchase, as indicated by the budget officer signature below.
3. This proposed purchase does not include State taxes in the vendor pricing. All GSA SmartPay Purchase Cards are centrally billed and must be exempt from State tax assessment.
4. This proposed purchase has been pre-approved by the Approving Official. (see CAM 1313.301, Section 3, §3.7.3-3.7.5)
5. This proposed purchase does not exceed the Cardholder’s single purchase limit.
6. This proposed purchase does not exceed the Cardholder’s monthly billing cycle limit.
7. This proposed purchase is not a split or divided purchase.
8. Mandatory sources of supplies and services as required by CAM 1313.301, Section 3, §3.4, have been reviewed by the Cardholder. Indicate source in Section 2 below or explain why a listed source will not be used.
9. The expected vendor is a small business. If “NO,” explain in Section 6 below.
10. This proposed purchase is for accountable or sensitive property. If “YES,” purchase information must be provided to the property custodian and a copy of the record from Sunflower property system must be maintained in cardholder transaction file. (see CAM 1313.301, Section 3, §3.10)
11. This proposed purchase is for electronic or information technology (IT) products and the items are compliant with appropriate Section 508 standards. (see CAM 1313.301, Section 3, §3.6)
12. This proposed purchase is for IT desktop hardware and the “Guide to Acquiring IT Desktop Hardware” guidelines have been followed.
13. This proposed transaction complies with DOC Green Procurement Program. (see CAM 1313.301 Section 3, §3.5)

Section 2. REQUIRED SOURCES OF SUPPLY REVIEWED (see CAM 1313.301, Section 3, §3.4)

SUPPLIES		SERVICES
Agency Inventories	FSSI 2 ND Generation Office Supply BPA	AbilityOne Program
Excess from other agencies	DOC Computer and Accessories BPA	Mandatory Federal Supply Schedule
Federal Prison Industries, Inc. (UNICOR)	Mandatory Federal Supply Schedule	Optional Federal Supply Schedule
AbilityOne Program (NIB / NISH)	Optional Federal Supply Schedule	Federal Prison Industries, Inc.
Wholesale Supply Source (GSA / DLA)	Commercial Sources	

Section 3. TYPE OF MICRO-PURCHASE (see CAM 1313.301, Section 2, §2.1.1.1)

Acquisition of supplies and services using simplified acquisition procedures, not to exceed \$3,500	Acquisition of services subject to Service Contract Act, not to exceed \$2,500	Acquisition of construction subject to the Davis-Bacon Act, not to exceed \$2,000
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Section 4. PRICE DETERMINATION

Fair and reasonable price was based on:
(see CAM 1313.301, Section 3, §3.1)

Multiple quotes solicited and received

Multiple quotes solicited, one received

Only one quote solicited (explain below)

Section 5. COMPETITION / QUOTES SOLICITED

VENDOR NAME	VENDOR NAME	VENDOR NAME
POINT OF CONTACT	POINT OF CONTACT	POINT OF CONTACT
PHONE NUMBER	PHONE NUMBER	PHONE NUMBER
DATE OF QUOTE	DATE OF QUOTE	DATE OF QUOTE

ITEM DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL AMOUNT	UNIT PRICE	TOTAL AMOUNT	UNIT PRICE	TOTAL AMOUNT
1.							
2.							
3.							
4.							
5.							
SUBTOTAL:							
SHIPPING and HANDLING							
OTHER COSTS OR CREDITS:							
TOTAL COST:							

Section 6. COMMENTS / OTHER INFORMATION RELATIVE TO THIS PURCHASE

Section 7. FUNDING CLASSIFICATION

ORGANIZATION CODE	PROJECT CODE	TASK CODE	OBJECT CLASS
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Section 8. EXPECTED VENDOR INFORMATION

VENDOR NAME	ADDRESS
PHONE NUMBER	

Section 9. APPROVALS

REQUESTER	SIGNATURE	DATE
CARDHOLDER	SIGNATURE	DATE
APPROVING OFFICIAL	SIGNATURE	DATE
BUDGET OFFICER	SIGNATURE	DATE
HEAD of CONTRACTING OFFICE (if applicable)	SIGNATURE	DATE