

Statewide Information Technology Procurement Request Form

Complete this form, have it signed by your Agency Administrator/Section Head as delegated by the Agency undersecretary (REQUIRED). Please upload form and email to your agency IT Director as an attachment.

| | | | |
|-----------------------------|-----------------------------------|----------------------|------------------------|
| Requester's Name: | | | |
| Phone Number: | | | |
| Reg. Agcy/Dist/Sect: | | | |
| OTS Agency# 815 | Reg. Agency Reporting Cat. | | |
| Suggested Vendor(s) | Address | Phone# | Total Est. Cost |
| | | | |
| Request Date: | | Need By Date: | |

If available please attach quotes or state contract#

| Item Description (s) | QTY | Unit Price | Total Cost |
|----------------------|-----|------------|------------|
| | | | |
| | | | |
| | | | |

All orders will be shipped to OTS, 1800 N. 3rd Street, Baton Rouge, LA 70802.

Only large orders or for out-of-town locations will be shipped to the the address listed below.

| | |
|---|--|
| Agency | |
| Attn: (agency liaison or delegate) | |
| Phone number (area code) | |
| Address (city & zip code) | |

Comments (Please also include a Justification for your request and any agency specific coding as needed)

Approval

| Administrator/Section Head Signature: | Date | Additional Comments |
|---|-------------|---|
| Admin/Section Head Printed Name: | | Buy on Agency PCard, keep receipt documentation and packing slips for monthly PCard Logs! Scan & email the approved form to: OTS.Procurement@La.Gov When items are ordered by OTS Procurement for delivery directly to your location, all signed/dated packing slips must be emailed to both OTS.Procurement@La.Gov OTS.Receiving@La.Gov |
| Agency IT Director/Liaison Signature: | Date | |
| Agency IT Director/Liaison Printed Name: | | |
| | | |