

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)	7cbHJWBUa Y/ '9!a U]	7cbHJWPhone#	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:		