

## SERVICES/SUPPLIES/EQUIPMENT REQUISITION (Form 003)

| ADMINISTRATION USE ONLY |  |  |  |  |
|-------------------------|--|--|--|--|
| Log No.                 |  |  |  |  |
| Log Date                |  |  |  |  |
|                         |  |  |  |  |

| Date Requested:  |                    | Date Required:       |                |  | Re  | Requesting Unit:      |                      |              |                  |                 |  |
|--|--------------------|----------------------|----------------|--|---|-----------------------|----------------------|--------------|------------------|-----------------|--|
| Contact Person:  |                    |                      |                |  | Co  | Contact Phone Number: |                      |              |                  |                 |  |
| Address:   |                    |                      |                |  |   |                       |                      | Fı           | unding Source:   |                 |  |
| Delivery Address   | (including Zip     | Code):               |                |  |   |                       |                      |              |                  |                 |  |
|  |                    | DI                   | ESCRIP         | ΓΙΟΝ/Ι                                     | EXPL  | ANATION               | ı                    |              |                  |                 |  |
| Purchase Item:   | ATTACH A C         | OPY OF THE (         | CATALOG        | 3 PAG                                      | F SO  | I F SOUR              | CF C                 | OR 3 QUOTI   | -s               |                 |  |
| Vendor Name:   | ATTAOTTA           | 01 1 01 1112         | ATALO          | <i>31</i> AO                               | <u>_,                                    </u> | LL GOOK               | <i>5</i> <u></u> , 0 | n o qoon     |                  | New Vendor      |  |
| Description:   |                    |                      |                |  | Quan  | itv                   | Unit of              | Estimated    | Estimated        |                 |  |
| (Include Make, Model, Number, etc.)  |                    |                      |                |  |   |                       | Measure              | Unit Cost    | Total Cost       |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              | Subtotal         |                 |  |
|  |                    |                      |                |  |   |                       |                      |              | Shipping         |                 |  |
| Note: Staples ord  | ers. please use    | Staples 003 form     | n.             |  |   |                       |                      |              | Jilipping<br>Tax |                 |  |
|  | , p                |                      |                |  |   |                       |                      |              | 1 42             |                 |  |
|  |                    |                      |                |  |   |                       |                      | Estimat      | ed Grand Total   |                 |  |
| Justification: (Atta   | ach additional s   | sheets as neede      | ed)            |  |   |                       |                      |              |                  |                 |  |
| All purchases must   | be necessary, r    | reasonable, allow    | able and a     | llocable                                   | Coun  | ity business          | and/d                | or WIOA Prog | ırams.           |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
| Direct Supervisor Signature: (Print & Sign)  |                    |                      | Date           | te: Division Staff Analyst (Print & Sign): |   | rint & Sign <b>):</b> | Date:                |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
| Approved   | N                  | ot Approved          |                |  |   | Items I               | 3udg                 | eted Ite     | ms Not Budgete   | ed              |  |
| Business Services Manager/Fiscal Manager/  |                    |                      | Date: Budget T |  | rans  | fer: Yes              | No                   | Date:        |                  |                 |  |
| Deputy Director/Admin Supervisor II Signature: (Authorized up to \$5,000) (Print & Sign) |                    |                      | re:            |  |   | From Ca               | tego                 | ry:          |                  |                 |  |
| (Authorized up to \$   | 15,000) (Print & S | ign)                 |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   | To Cate               | jory:                |              |                  |                 |  |
| Approved Not Approved  Director/Assistant Director Signature: (Print & Sign)             |                    |                      | Date           | Comments:                                  |   |                       |                      |              |                  |                 |  |
| Director/Assistar  | it Director Sig    | filature. (Print & s | Sign)          | Date                                       | •   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
| Approved   | N                  | ot Approved          |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      | FISC           | AL U                                       | SE C  | DNLY                  |                      |              |                  |                 |  |
| General Ledger   | Cost Center        | Amount               | Fiscal Ir      | al Initials                                |   | eral Ledge            | r Co                 | st Center    | Amount           | Fiscal Initials |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
| ☐ Purchase Order ☐ Staples ☐ Printing S  |                    |                      | Servi          | ces Other:                                 |   |                       |                      |              |                  |                 |  |
| (Fiscal In-box)  |                    | (003 Coordinator     | )              |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |
|  |                    |                      |                |  |   |                       |                      |              |                  |                 |  |

Fiscal Manager/Supervisor Signature

Fiscal Manager/Supervisor Print Name

Date

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## **Consultant/Contractor Checklist**

| Is this purchase from a Consult (If yes, complete this form)   | :ant/Co   | ontractor? Yes No  |
|--|---|--|
| Individual/Business Name:  |   | Date:  |
| Workforce Development Department (WDD) staff must consultant providing consultant services, subject to Consultant providing consultant services.   |   |  |
| <b>Consultant</b> – A consultant is an individual with special an employee, provides personal services to the subre employee relationship between the subrecipient and the individuals who are experts with excellent qualification unusual competence and skill by other individuals relationship may be found to exist when the subrecipier directs the individual's work, and exercises day-to-day and contractor – An entity that receives a contract as defined to the subrecipier directs. | ecipient<br>ne indiv<br>ns and<br>engago<br>nt selec<br>control | under an agreement which establishes an employer vidual providing the services. Consultants are typically are usually regarded as authorities or practitioners of ed in the same profession. An employer-employees the individual based on expertise in a particular field of the individual's activities. |
| with the word "contractor." Contractors are governed by procurement requirements.  |   |  |
| Consultant   |   | Contractor   |
| ☐ Salary or wage based and/or fee based on hours spent which is provided and outlined in a consultant rate proposal  | OR  | ☐ Fee is based on market value of goods and services provided.   |
| ☐ Provision of guidance, support, or completion of work items.   | OR  | ☐ Fee based.   |
| ☐ May be a subject matter expert that provides guidance on the direction of projects/programs or helps to lead a project/program.  | OR  | ☐ Provision of goods and/or services to multiple customers as part of their routine business operations.   |
| ☐ May fill a staff-like role on an as needed or intermittent basis.  | OR  | ☐ Provides a pre-determined good or service for a pre-determined time period.  |
| ☐ May have a defined and ongoing role in a project/program or in support of the Local Area.  | OR  | ☐ Not necessarily engaged in the implementation of a project or Local Area services, provides the good or service needed.  |
| ☐ Often an individual, rather than a business entity (although the individual may be a representative from a business entity).   | OR  | ☐ More likely a business entity, rather than an individual (though may be structured as a sole proprietorship).  |
| Determination: □ Consultant □ Contractor  Justification:   |   |  |
| Staff Analyst Name:  |   | Signature:   |

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Supervisor/Manager Name/Signature: