



# U.S. Fish and Wildlife Service Program Purchase Request (New Requirement)

You must complete this form to initiate the creation of a purchase request in the Financial and Business Management System (FBMS). After you have completed all fields below, this request must be approved by the program office Supervisory Approver and Certifying Funds Approver, then submitted to the FBMS Requisitioner via the PPR Processing Site. **Be sure to complete the entire form before inserting a digital signature. You will not be able to make further edits after the form has been digitally signed.**

**Notes**  
*(For Requisitioner Use Only)*

PPR # \_\_\_\_\_

PR # \_\_\_\_\_

**Release Strategy:**

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

## Program Purchase Request (PPR) Requisitioner Information

Name: \_\_\_\_\_  
(Last) (First) (MI)

Phone Number: \_\_\_\_\_ Program Office/Field Office: \_\_\_\_\_

*For use by requesting program office*

Internal Reference No.: \_\_\_\_\_ Requester Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Ad Hoc Approver: (for use outside of FBMS) \_\_\_\_\_  
(Last) (First)

## Purchase Request (PR) Header Information

**This is a Law Enforcement IT purchase and requires IT approval from Law Enforcement Specialist (mapped to ACQ\_AO\_IT role)**

Use this space to address any additional information relevant to the PR, such as: the GSA, IDIQ, BPA, or other known contract number; the name of the Buyer/Contracting Officer of the IDIQ or BPA if this is a TO/DO or BPA call; the name/phone number of the DOI-certified Contracting Officer's Technical Representative; indication as to whether this request is subject to the availability of funds (SAF).

## Customer Data Tab

PR Title: \_\_\_\_\_ (Max 40 Characters)

PR Type: (check one)

**Funded** (POs, Contracts, Awards marked "SAF", TOs/DOs, BPA calls, Inter-Agency Agreements)

**Unfunded** (BPAs, IDIQs, BOAs) *Note: Not for awards marked "SAF"*

**Autochoice**

**Intra-Agency Agreement**

**Financial Assistance**

**This is a pre-award change to a PR**

**This is a ratification**

**Period of Performance:** (for services)

**From:** \_\_\_\_\_ [mm/dd/yyyy]

**To:** \_\_\_\_\_ [mm/dd/yyyy]

FBMS Receiving Official/COR: \_\_\_\_\_  
(Last) (First)

Originating Office (Requisitioner's Office): \_\_\_\_\_  
(Address - Line 1)

\_\_\_\_\_ (Address - Line 2)

\_\_\_\_\_ (City) (State) (Zip code)

Originating Office Code: 30000 GSA/Other Known Contract Number: \_\_\_\_\_



## U.S. Fish and Wildlife Service Program Purchase Request (New Requirement)

### Line Item Data

Line No.	Good (ea) or Service (au)	Description (Max. 40 Characters)	Quantity (For services, enter "1")	Unit Price*	BOC and PSC/UPC (if known)	Delivery Date (mm/dd/yyyy) (For services: last day of POP)	Purchasing Group	Subject to Availability of Funds (SAF)	Line Total
10									
20									
30									
40									
50									
60									
70									
80									
90									
100									
110									
120									
130									
140									
150									
<b>Total</b>									

\*Note to FBMS Requisitioner: For service line items, you must enter "D" in the item category field to access the limits tab where you will enter the price.

**If extra lines are needed, provide additional items and corresponding required information on a separate page as an attachment.**





# U.S. Fish and Wildlife Service Program Purchase Request (New Requirement)

## Delivery Address Tab

If using multiple delivery addresses, please specify corresponding line item numbers.

### Delivery Address 1:

\_\_\_\_\_  
(Address – Line 1)

In reference to  
Line Item No.:

\_\_\_\_\_  
(Address – Line 2)

\_\_\_\_\_  
(City) (State) (Zip code) (Phone number)

Delivery Address I.D. Number (If known): \_\_\_\_\_

### Delivery Address 2:

\_\_\_\_\_  
(Address – Line 1)

In reference to  
Line Item No.:

\_\_\_\_\_  
(Address – Line 2)

\_\_\_\_\_  
(City) (State) (Zip code) (Phone number)

Delivery Address I.D. Number (If known): \_\_\_\_\_

### Delivery Address 3:

\_\_\_\_\_  
(Address – Line 1)

In reference to  
Line Item No.:

\_\_\_\_\_  
(Address – Line 2)

\_\_\_\_\_  
(City) (State) (Zip code) (Phone number)

Delivery Address I.D. Number (If known): \_\_\_\_\_

If extra space is needed, provide additional delivery information on a separate page as an attachment.

## Documents Attached

(Check all that apply)

- |                                                               |                                               |
|---------------------------------------------------------------|-----------------------------------------------|
| Additional Accounting Information                             | PPR Approvals                                 |
| Additional Delivery Information                               | Market Research                               |
| Additional Line Items                                         | Statement of Need (IT Requirements)           |
| Drawings, Maps, Illustrations                                 | Statement of Work: Performance Based or Other |
| FISMA (IT Requirements)                                       | Section 508 Compliance (IT Requirements)      |
| Independent Government Estimate                               | Technical Evaluation Criteria                 |
| Justification for a Non-Competitive Requirement (FAR 6.302-1) | Other: _____                                  |

## Approvals

If a specific Supervisory and/or Ad Hoc Approver must review the PR in FBMS, include names below (not a required field).

FBMS Supervisory Approver: \_\_\_\_\_  
(Last) (First)

FBMS Ad Hoc Approver: \_\_\_\_\_  
(Last) (First)

FBMS IT Approver (Law Enforcement): \_\_\_\_\_  
(Last) (First)