



Complete this form for all purchases of goods and services of \$500-4,999 in value (single or aggregate)
OR
for the issuance of a PO for a recurring service/maintenance agreement.

University Employee Contact

Email

Phone

Description of Goods/Services

Estimated Purchase Amount

Vendor Name

Vendor Contact

Phone

Fax

Email

Vendor Address

City

State

Zip

A. This is a:

- ☐ New purchase
(Complete all remaining sections.)
- ☐ Continuation of existing maintenance/service agreement
(Skip to Section C.)

B. Checklist (completion of all items in all sections required)

1. Price

- ☐ Shopped/Negotiated for best available price?
- ☐ Early payment discount available? ☐ Yes ☐ No
- Payment requirements to receive discount:

- ☐ Non-profit discount available? ☐ Yes ☐ No

2. Payment Method (options below are listed in order of University preference)

- ☐ Accounts Payable
- ☐ Credit Card (with no service fee)

3. Payment Terms (# days by which the university must pay the invoice)

If no purchase discount was available, negotiate for the longest payment terms available (must be less than 90 days).

Terms: _____

4. Shipping or Delivery Terms

- ☐ Free shipping/delivery
- ☐ Shipping fee required

5. Sales Tax Exemption

- ☐ Vendor has been notified of university's tax-exempt status.

6. Property Tax Exemption

- ☐ N/A
- ☐ Property taxes are not included in this purchase.
- ☐ Vendor would not negotiate to exclude property tax from purchase.

7. Vendor Insurance (SERVICE VENDORS ONLY)

- ☐ N/A (vendor to provide **goods only**)
- ☐ Vendor is appropriately covered and required certificates sent to the Director of Business Services. (Direct inquiries regarding insurance to Administrative Services or the Director of Business Services.)
- ☐ Workers' Compensation Insurance (\$500,000)
- ☐ General Liability Insurance (\$1,000,000 per event; \$2,000,000 aggregate)
- ☐ No coverage* – explain:

*NOTE: Except in rare cases, lack of general liability coverage will disqualify a service vendor from use by the university. Exceptions to this policy must be approved **in writing** by the Vice President for Administration and attached to this form.

8. W-9

- ☐ Vendor's IRS Form W-9 is on file with Accounts Payable.

C. Additional Comments

D. Certification of Compliance

- ☐ I certify that this purchase complies with all University purchasing policies.

ADDITIONALLY,

- ☐ I certify that neither I, any member of my family, nor any member of my department is an employee of the vendor above, nor am I, any member of my family, or any member of my department related to any employee of the vendor above; I further certify that neither I, any member of my family, nor any member of my department have a financial interest in the vendor above or stand to gain from use of the vendor.

OR

- ☐ I hereby declare that there is a known or potential conflict of interest with the use of the vendor above. See attached form 400.0021F1: Conflict of Interest Disclosure: Board of Trustees & University Officers or 400.002F2: Conflict of Interest: General Employees.

Printed Name

Signature

Date

Next Steps:

- Attach form 400.002F1 or 400.002F2 to this form, if disclosing a conflict of interest.
- Attach this form and any accompanying documents to your Purchase Order Requisition in MyDrury or to hard copy form 405.101F2.