



U.S. Fish and Wildlife Service

Program Purchase Request (Modification to Existing Requirement)

You must complete the following document to submit a purchase request to the Financial and Business Management System (FBMS) Requisitioner. 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. **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.**

Program Purchase Request (PPR) Requisitioner Information

Name: _____ (Last) _____ (First) _____ (MI)
Phone Number: _____ Program Office/Field Office: _____

For internal program use only

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 contract number and name of the Buyer/Contracting Officer of the purchase being modified; the name/phone number of the DOI-certified Contracting Officer's Technical Representative; the deobligation amount, if this is a deobligation; indication as to whether this request is subject to the availability of funds (SAF); the Contract Line Item Number (CLIN)(s), if requesting a modification to a line item or line items.

For Post-Award Acquisition and Post-Award Grants

This is a deobligation (If yes, specify the amount being deobligated per CLIN in the space below)

This is a deobligation for a converted line (a line on a converted award)

This is a change in cost structure/financial information (includes changes to WBS and UPC)

This is a modification to add a new line to the contract (If yes, see Line Item Data section)

This is a modification to increase a line by quantity or percentage (If yes, complete Account Assignment Tab)

Other reason for modification: _____

Original Contract Number: _____ Original CLIN: _____

Original PR Number: _____ Original Requisition Line: _____

Customer Data Tab

PR Title: _____ Delivery Date: (must be future date) _____ [mm/dd/yyyy]

FBMS Receiving Official/COR: _____ (Last) _____ (First) This is a ratification

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

(Address - Line 2)

(City) _____ (State) _____ (Zip code)

Originating Office Code: _____ GSA/Other Known Contract Number: _____

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)



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Line Item Data

Line No.	Good (ea) or Service (au)	Description (Max. 40 Characters)	Qty. (#) (For Services, enter "1")	Unit Price*	BOC and PSC/UPC (if known)	Delivery Date (mm/dd/yyyy)	Purchasing Group	Subj. to Avail. of Funds? (Y/N)	Line Total
10									
20									
30									
40									
50									
60									
70									
80									
90									
100									
110									
120									
130									
140									
150									
Total									

*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.



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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 2:

(Address – Line 1)

In reference to
Line Item No.:

(Address – Line 2)

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

Delivery Address 3:

(Address – Line 1)

In reference to
Line Item No.:

(Address – Line 2)

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

Delivery Address 4:

(Address – Line 1)

In reference to
Line Item No.:

(Address – Line 2)

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

Delivery Address 5:

(Address – Line 1)

In reference to
Line Item No.:

(Address – Line 2)

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

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

Public Sector Tab

Period of Performance: _____ [mm/dd/yyyy] _____ [mm/dd/yyyy]
(Start date) (End date)

Documents Attached: (check all that apply)

- | | |
|---|---|
| Additional Accounting Information | Request for Reprographic Equipment |
| Additional Delivery Information | Statement of Need (IT Requirements) |
| Additional Line Items | Statement of Work: Performance Based or Other |
| Drawings, Maps, Illustrations | Section 508 Compliance (IT Requirements) |
| FISMA (IT Requirements) | Suggested 8(a) Vendor |
| Independent Government Estimate | Technical Evaluation Criteria |
| Justification for a Non-Competitive Requirement (FAR 6.302-1) | Technical Evaluation Proposal Committee |
| PPR Approvals | Other: _____ |
| Quotes/Market Research | Other: _____ |

Using the Program Purchase Request (Modification to Existing Requirement) Form

General Instructions:

The PPR (Modification to Existing Requirement) form is used to submit requests to modify existing purchase requirements to the Financial and Business Management System (FBMS) Requisitioner (ACQ_REQ). It must be completed by the requisitioning program office and approved by the PPR Supervisory Approver and Certifying Funds Approver (not required in all Regions) before it can be submitted.

The PPR should only be used for purchases that require entry into FBMS (i.e., not for purchases that can be made using the Governmentwide commercial purchase card). PPRs that do not require FBMS entry will be rejected by the FBMS Requisitioner.

You must complete the entire PPR form prior to seeking necessary approvals. This is especially crucial when using digital signatures, as the form will not allow further edits to be made after it has been digitally signed.

Upon completion of the form, upload the saved PDF along with all applicable attachments to the [Program Purchase Request Submission site](#). Once the PPR is submitted, it will be assigned to an FBMS Requisitioner who will enter your request into FBMS for further action.

Program Purchase Request (PPR) Requisitioner Information Instructions:

Name: Enter your name (the name of the person filling out the form).

Phone Number: Enter your work phone number.

Program Office/Field Office: Enter the name of the office in which you work.

Internal Reference No.: If applicable, enter the document reference number used internally in your program office. *This field is optional.*

Requester Name: Enter the name of the end user of the required goods/services, if not yourself. *This field is optional.*

Phone: Enter the phone number of the requester listed above. *This field is optional.*

Additional Ad Hoc Approver: If applicable, enter the name of the individual who must provide supplemental approval of the PPR prior to submission. *This field is optional.*

Purchase Request (PPR) Header Information Instructions:

This is a Law Enforcement IT Purchase and requires IT approval from Law Enforcement Specialist: If applicable, select the checkbox and enter the name of the FBMS IT Approver (Law Enforcement) in the space provided in the Customer Data Tab.

Use this section of the form to address any additional information relevant to the PR. This text will appear in the header of the PR. The following items suggest possible information to include in the header:

- The contract number and name of the Buyer/Contracting Officer of the purchase being modified.
- The name and contact information of the Contracting Officer's Technical Representative (COTR).
- The deobligation amount, if applicable.
- The name of the Buyer/Contracting Officer of the IDIQ or BPA, if applicable.
- Indication as to whether this request is subject to the availability of funds (SAF).

For Post-Award Acquisition and Post Award Grants Instructions:

This is a deobligation: If applicable, select this box and specify the amount being deobligated per line item in the space provided.

This is a deobligation for a converted line item: Select if this is a deobligation for a line on an award converted from IDEAS to FBMS.

This is a change in cost structure/financial information: Select if applicable.

This is a modification to add a new line to the contract: Select if applicable.

This is a modification to increase a line by a quantity or percentage: Select if applicable.

Other reason for modification: If the reason for modification is not listed, select and provide a brief description of the reason for modification.

Original Contract Number: Enter the number of the contract being modified. If this purchase has been modified multiple times, enter the first contract number.

Original CLIN: Enter the contract line item number being modified.

Original PR Number: Enter the purchase request number from the original contract.

Original Requisition Line: Enter the line item number being modified from the original purchase request.

Customer Data Tab Instructions:

PR Title: Create a relevant title for your PR (e.g., "Fish Tanks – MOD 1" or "Janitorial Services – MOD 3").

Delivery Date: If purchasing goods, enter the delivery date. Do not enter a delivery date if purchasing services.

FBMS Receiving Official/COR: Enter name of the FBMS Receiving Official/COR. This field is not applicable for Region 9.

This is a ratification: Select if applicable.

Originating Office (Requisitioner's Office): Enter the mailing address of your program office/field office.

Originating Office Code: Enter the office code of your program office/field office.

GSA/Other Known Contract Number: If applicable, enter the GSA or other known contract number associated with this purchase.

FBMS Supervisory Approver: If this purchase requires supervisory approval, enter the name of the supervisor. *This field is optional.*

FBMS Ad Hoc Approver: If this purchase requires a level of approval other than Supervisory, Specialty Approvers (IT, RP, PP, FL), or a Funds Certifier, enter the name of the ad hoc approver (e.g., Law Enforcement approver for weapon purchases). The UPC will determine if ad hoc approval is needed. Note that FBMS only allows for one level of ad hoc approval; any additional levels of approval must be done outside of the system. *This field is optional.*

FBMS IT Approver (Law Enforcement): If this is a Law Enforcement IT purchase and requires IT approval from a Law Enforcement Specialist, enter the name of the IT approver. *This field is optional.*

Line Item Data Tab Instructions:

Enter the line item information in the table provided. If using options, add each option as a separate line item.

Good (ea) or Service (au): Enter "ea" for "each" if you are purchasing goods. Enter "au" for "activity unit" if you are purchasing services. The system does permit the use of units of measure other than "ea" for goods.

Description: Enter a brief description of the line item.

Qty. (#): Enter the quantity of goods you are purchasing for that particular line item. If you are purchasing services, the quantity is always "1".

Unit Price: Enter the unit price of the line item.

BOC or PSC/UPC: Enter the Budget Object Code (BOC), Product/Service Code (PSC), or Universal Product Code (UPC) if known. Please reference the Top 30 BOC/UPC crosswalk or the Complete UPC Crosswalk.

Delivery Date: If purchasing goods, enter the delivery date for that particular line item.

Purchasing Group: Enter the purchasing group. See [list of purchasing groups for acquisition and federal assistance](#).

Subject to Availability of Funds?: Enter "Y" if subject to availability of funds. Enter "N" otherwise. Note: Every line item should be marked individually.

Suggested Vendors: Enter the company names and DUNS numbers, if known, of the suggested vendors for this purchase. Please ensure suggested vendors are valid in CCR. If extra space is needed, provide additional information in a separate document as an attachment.

Custodial Property Officer Name: If applicable, enter the name of the Custodial Property Officer.

Approval Signatures Instructions:

After completing the rest of the form, provide the signatures of the authorized Supervisory Approver (required on all PRs for all Regions) and Certifying Funds Approver (if required in your Region) in the space provided. Signatures can be provided digitally, by hand, or by attachment. If inserting a digital signature, be sure to complete the rest of the PPR form before doing so; you will not be able to edit the form after it has been digitally signed.

Account Assignment Tab/Limits Tab Instructions:

Enter the accounting data in the table provided. Use a separate row for each WBS code being used. If funding is split by dollar amount, the funding will deplete evenly from each of the accounts until the request has been paid in full. FBMS does not allow for one funding account to fully deplete before depleting the second account, or for the Requisitioner to control the order of use of funds. If it is important to deplete funding in a certain order rather than depleting all funds proportionally, it is recommended that a separate line item is created for each funding line. Note: Due to system errors, it is recommended that items with multiple lines of accounting are split by percentage and not by dollar amount.

Line No.: Enter the line number that corresponds with the appropriate line in the Line Item Data tab.

% or Quantity Allocated: Enter the percent or dollar amount allocated to that particular WBS code.

Cost Center or Work Order: Enter the cost center or work order code.

Partial Fund: Enter the partial fund code.

WBS (project code): Enter the WBS code.

Delivery Address Tab Instructions:

If using multiple delivery addresses, enter the corresponding line item numbers. If extra space is needed, provide additional delivery information on a separate page as an attachment.

Delivery Address 1: Enter the mailing address and phone number for the first destination.

Delivery Address 2: Enter the mailing address and phone number for the second destination.

Delivery Address 3: Enter the mailing address and phone number for the third destination.

Delivery Address 4: Enter the mailing address and phone number for the fourth destination.

Delivery Address 5: Enter the mailing address and phone number for the fifth destination.

In reference to Line Item No.: Enter the corresponding line item number(s) for each destination.

Public Sector Tab Instructions:

Period of Performance: If purchasing services, enter the period of performance start date and end date.

Documents Attached: Select whether you are attaching any of the listed documents. If you are attaching a document that is not listed, select "Other" and write a brief description of the document.

Acquisition Purchasing Groups:

Purchasing Group	Description
F01	Regions 1/8
F02	Region 2
F03	Region 3
F04	Region 4
F05	Region 5
F06	Region 6
F07	Region 7
F09	Region 9

Federal Assistance Purchasing Groups:

Purchasing Group	Description	Additional Information
FW1	Region 1 WSFR	
FW2	Region 2 WSFR	
FW3	Region 3 WSFR	
FW4	Region 4 WSFR	
FW5	Region 5 WSFR	
FW6	Region 6 WSFR	
FW7	Region 7 WSFR	
FW8	Region 8 WSFR	
FW9	Region 9 WSFR	
FBC	Division of Bird Habitat	Region 9 only
FPA	Partners for Fish and Wildlife	For national postings only – not for Regional users
FES	Endangered Species	For national postings only – not for Regional users
FIA	Division of International Affairs	Region 9 only
FDA	Natural Resource Damage Assessment, CERCLA	For national postings only – not for Regional users