



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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Suggested Vendors: (Include DUNS numbers if known)

Custodial Property Officer Name: _____
 (assets only) (Last) (First)

Approval Signatures

Provide digital signatures below after all other fields are completed. Handwritten signatures and approvals via email are also acceptable. If approving via email, make sure to include as an attachment.

PPR Supervisory Approver: _____ **PPR Certifying Funds Approver:** _____
 (Signature) (if necessary) (Signature)

Account Assignment Tab/Limits Tab

Line No.	% or Quantity Allocated	Cost Center or Work Order	Partial Fund	WBS (project code)	
					<p>Note: If a particular line item is funded by multiple WBS codes, enter those WBS codes in the table to the left. The "Line No." in this table should correspond to the "Line No." of the item in the table above. A new row should be completed for each WBS code.</p> <p>If split by dollar amount, the funding will deplete evenly from each of the accounts until the request has been paid in full. The FBMS system 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 is created for each funding line.</p> <p>It is recommended that items with multiple lines of accounting be split by percentage rather than by dollar amount due to errors in the system when splitting by dollar amount.</p>

If extra space is needed, provide additional accounting 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: _____ |