

Department of General Services
 Procurement Division
 Purchasing Authority Management Section

**NON-COMPETITIVELY BID CONTRACT
 QUARTERLY REPORT**

FISCAL YEAR _____

Purchasing Authority # _____ Department: _____

Purchasing Authority
 Contact Name: _____ Phone # (____) _____

REPORTING PERIOD - Check appropriate box

- Q1: Jul. 1 through Sep. 30**
- Q2: Oct. 1 through Dec. 31**
- Q3: Jan. 1 through Mar. 31**
- Q4: Apr. 1 through Jun. 30**
- No NCB activity for the reporting period.

Note: A copy of the purchase document and NCB Contract Justification for each line item must be submitted with this Report. For emergency purchases, include documentation of the circumstance of the emergency in lieu of the NCB Contract Justification.

Item #	Purchase Document Date	Purchase Document Number	Amend #	Supplier Name, City and State	Total Order \$\$*	Description (Summarize if multiple lines per order)	PAMS Use
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Grand Total					\$		

* Do not include sales tax and/or use tax.