

Note: See the State Contracting Manual, Volume 2, Chapter 1, Topic 2 for instructions on completing this Part B.

Purchasing Authority is Requested for Procurement Activities Conducted by:	
Agency	
Department	

Procurement Activities to be Conducted for:	
Agency	
Department	

Current Purchasing Authority Number(s), if applicable:	
Number(s)	

Procurement and Contracting Officer for the Department for which Procurement Activities will be Conducted:	
New PCO <input type="checkbox"/> / PCO Info. Revision <input type="checkbox"/>	
Name	
Title	
Office	
Mailing Address	
Physical Address	
Phone & Fax	
E-mail Address	
IMS Code	
<i>I, the Procurement & Contracting Officer, state my understanding of and commitment to my responsibilities as the department's Procurement and Contracting Officer as contained in the State Contracting Manual, Vol. II. I also state my understanding that the department has not been granted purchasing authority under this application and that the purchasing authority to be granted under this application will be granted to the department identified above as the department that will conduct the procurement activities.</i>	
<hr/> Signature of Procurement & Contracting Officer (must match the name above) Date	

Procurement and Contracting Officer for the Department Conducting the Procurement Activities:	
Name	
Title	
Office	
Mailing Address	
Physical Address	
Phone & Fax	
E-mail Address	
IMS Code	
<i>I, the Procurement & Contracting Officer, state my understanding of and commitment to my responsibilities as the department's Procurement and Contracting Officer, and my understanding of and commitment to the department's adherence to the purchasing authority requirements as contained in the State Contracting Manual, Vol. II.</i>	
<hr/> Signature of Procurement & Contracting Officer (must match the name above) Date	

Non-Information Technology Purchasing Authority Contact	
Name	
Title	
Office	
Mailing Address	
Physical Address	
Phone & Fax	
E-mail Address	
IMS Code	
<i>I, the Non-Information Technology Purchasing Authority Contact, state my understanding of and commitment to my responsibilities as the department's Non-Information Technology Purchasing Authority Contact, and my understanding of and commitment to the department's adherence to the purchasing authority requirements as contained in the State Contracting Manual, Vol. II.</i>	
<hr/> Signature of Non-Information Technology Purchasing Authority Contact (must match the name above) Date	

Information Technology Purchasing Authority Contact	
Name	
Title	
Office	
Mailing Address	
Physical Address	
Phone & Fax	
E-mail Address	
IMS Code	
<i>I, the Information Technology Purchasing Authority Contact, state my understanding of and commitment to my responsibilities as the department's Information Technology Purchasing Authority Contact, and my understanding of and commitment to the department's adherence to the purchasing authority requirements as contained in the State Contracting Manual, Vol. II.</i>	
<hr/> Signature of Information Technology Purchasing Authority Contact (must match the name above) Date	