

Purchasing File Documentation

Preparer: Date: Department: Over-the-Counter (OTC): □Yes □No eVA Purchase Requisition Number: eVA Purchase Order Number: Colleague Requisition Number: Colleague Purchase Order Number: **Documentation Checklist: Second Documented Attempt** First Documented Attempt ☐ Mandatory Source is unavailable (If the price appears unreasonable contact another Micro-Small or Small vendor) ☐ State Contract vendor is unavailable ☐ Term Contract vendor is unavailable ☐ Micro-Small vendor is unavailable ☐ Micro-Small vendor is unavailable ☐ Small vendor is unavailable ☐ Small vendor is unavailable Other Other Date: Time: Date: Time: Vendor Name: Vendor Name: Person Contacted: Person Contacted: Telephone Number: Telephone Number: **Details of Actions:** Use this area to detail your efforts to secure products or services from a mandatory source vendor, state contract vendor, term contract vendor, micro-Small or Small vendor. Provide a response from each vendor you contacted. If the price appeared unreasonable attach quotes as supporting documentation. Note: remember the purchasing hierarchy.