

PURCHASE CARD TRANSACTION DOCUMENTATION

TYPE OF MICRO-PURCHASE

- ☐ SUPPLIES (may not exceed \$3500)
☐ SERVICES (may not exceed \$2500)
☐ CONSTRUCTION (may not exceed \$2000 aggregate in a fiscal year) ([See Cam 1313.301 Sec 6.4 \(c\)](#))

REQUIRED SOURCES CONSIDERED – SUPPLY

(In order of priority. Check all that you considered)

Mandatory

- | | |
|---|--------------------|
| <input type="checkbox"/> Agency Inventories | Printing & related |
| <input type="checkbox"/> Excess from other Agencies | Supplies |
| <input type="checkbox"/> Federal Prison Industries | CSP Portal |
| <input type="checkbox"/> AbilityOne/JWOD | |
| <input type="checkbox"/> Wholesale supply sources such as stock programs of GSA, the DLA or the Dept. of Veterans Affairs, and military inventory | |

Non Mandatory

- | | |
|---|-------------|
| <input type="checkbox"/> FSSI OS4 (First Consideration) | |
| <input type="checkbox"/> Federal Supply Schedule | |
| <input type="checkbox"/> GWAC / BPA | Open Market |

REQUIRED SOURCES CONSIDERED – SERVICES

(In order of priority. Check all that you considered)

Mandatory

- ☐ AbilityOne/JWOD

Non Mandatory

- ☐ Federal Prison Industries
☐ Federal Supply Schedule
☐ Open Market

OTHER REQUIREMENTS

I have considered all Green Procurement Program Requirements

This transaction requires the use of a government purchase card convenience check. I have verified the vendor does not accept purchase cards as a form of payment. The vendors 1099 information has been collected and is attached to the transaction file.

FAIR AND REASONABLE DETERMINATION

I have determined the price to be Fair and Reasonable based on:

- ☐ Personal belief
☐ Purchased from Federal Supply Schedule
☐ Comparison to published price lists, catalogs, or advertisements (specify in comments below)
☐ Comparison to previous prices paid for the same item (provide details in comments below)
☐ Other (document in the comments block)

Answer the following Questions:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have the funds for this purchase been made available in writing (Approved MPR or other form)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the items you are purchasing prohibited per CAM 1313.301, Section 6.13 (c) ? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the last purchase of this supply/service from this vendor? If "Yes", justify in the comments block. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the order contain IT or EIT subject to Section 508 compliance? If yes, attach required documentation . |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this Purchase for IT equipment? If "Yes", then attach the required documentation . |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the order contain any items of reportable property? If "Yes", notify Property Custodian and provide the required documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does this order utilize a Third Party Processor for Payment? If "Yes", justify in the comments block. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this purchase being made from a Small Business? If "No", justify in the comments block. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this purchase for Office Supplies not being purchased from the FSSI BPA? If "Yes", justify in the comments block. |

COMMENTS:

Cardholders Name

Signature

Date

Receiving Report: I acknowledge receipt of the Goods/Services listed on the attached PR# _____
(Add PR # if applicable)

Name: _____ Signature: _____ Date: _____

NO MODIFICATIONS OF THIS FORM ARE AUTHORIZED.

Except by NOAA Fisheries MB Acquisition Division which can be reached at mb.acquisitions@noaa.gov