LOYOLA UNIVERSITY CHICAGO

Preparing people to lead extraordinary lives

Purchasing Checklist and Bid Summary Form

(Complete per Requirements of the Buyer Actions Matrix)

Purchaser's Name: _____ Date: _____

Requisition or Purchase Order Number (if available/applicable): _____

To comply with University Purchasing Policy, OMB Circular A-110 and other government regulations, completion of this Purchasing Checklist/Bid Summary Form is **required for all transactions $5,000 or greater with non Pre-Qualified Suppliers; and, for all transactions greater than or equal to $150,000 with Pre-Qualified Suppliers.**

This form must be sent to the Purchasing Department with all supporting documentation upon completion of a requisition or a PO. Failure to do so will cause a non-compliance memo to be issued and all/or associated paperwork will be returned to the user for reprocessing.

FEDERAL GOVERNMENT FUNDS? YES ☐ NO ☐ OTHER SPONSORED FUNDS? YES ☐ NO ☐

Describe the goods and/or services being procured:

If applicable, list the three most competitive quotations/proposals solicited and received: Circle or mark the number indicating your chosen supplier. Provide written quotations greater than or equal to $30,000.

	Supplier Name	Items/Services Price plus any other charges	Shipping Cost &/ FOB Point *	Payment for and/or Discount Terms *	Total Order Price
1					
2					
3					
			(* i.e., $350/Dest or $350/Origin)	(* i.e., 2%10 Net30 or 10% Edu.)	

Note: Greater than or equal to $25,000 - Detailed Capital Budget Request required? YES ☐ NO ☐
(Subject to the scope of the Capital Expenditure Policy)

If yes, was it completed, approved and forwarded to Purchasing? YES ☐ NO ☐

Explain criteria for supplier selection. Use the second page of this form to record price/cost analysis information or include a separate document/spreadsheet. (attach copies of quotes/proposals received, as required)

Check the reason that you chose this supplier or consultant:

- ☐ Supplier was the low bidder.
- ☐ Supplier provided the best evaluated responsible offer (other than low bidder) – provide evaluation criteria *
- ☐ Supplier establishes or maintains an essential research, development or engineering capability (directed source) *
- ☐ An unusual and compelling urgency precludes full and open competition – provide rationale (directed source) *
- ☐ Compatibility with other components of a system already in operation – identify existing items (directed source) *
- ☐ Only supplier that meets pre-established performance characteristics – provide listing (directed source) *
- ☐ Supplier specifically identified within award documentation (see instructions) – provide verification (directed source) *
- ☐ Supplier/consultant is the only manufacturer/provider of this good or service (sole source) *
- ☐ Other *

(* **Requires explanation**; attach supporting documentation):

Price/Cost Analysis Based on: (Ref. Methods to Determine Price Reasonableness Document)

- ☐ Adequate price competition
- ☐ Comparable to Price Sold to Fed. Gov't. *
- ☐ Catalog/Market Pricing *
- ☐ Historical pricing (* Provide previous PO#)
- ☐ Comparison to in-house estimate *
- ☐ Comparison to similar items *
- ☐ Comparable Customer's Invoice
- ☐ Cost Analysis *
- ☐ Award specifically identifies item/person and price (* Ref attached instructions)

(* **Requires further explanation** - Summary of analysis; attach supporting documentation):

Any negotiations should be documented below:

Supplier Quotation	Target Price	Negotiated Price	Savings (Quotation less Negotiated)

Negotiation Summary: (If target not met, explain difference)

Greater than or equal to $700,000 – Certificate of Current Cost and Pricing required? YES ☐ NO ☐

If Yes, was it obtained? YES ☐ NO ☐

Note: If federal government funds are being used and the order is over $150,000, FAR Part 19.702 *requires* that certain types of small businesses (i.e., disadvantaged, women-owned, veteran-owned, service disabled veteran-owned and HUBZone) shall have the maximum practicable opportunity to participate in contract performance consistent with its efficient performance. Were any of the following groups solicited?

YES ☐ NO ☐

- ☐ Small
- ☐ Disadvantaged
- ☐ HUBZone
- ☐ Women-owned
- ☐ Veteran-owned
- ☐ Service Disabled Veteran-owned

If not solicited, explain why not:

If solicited and not chosen, explain why not:

Greater than or equal to $650,000 – Small Business Utilization Plan required? YES ☐ NO ☐

If Yes, was it obtained, approved and incorporated into the PO? YES ☐ NO ☐

Name of person preparing this document: _____

Department Name: _____ Phone Number: _____

Department Approval: _____ Date: _____
(other than Preparer)

Purchasing Review By: _____ Date: _____