



## U.S. Fish and Wildlife Service Program Purchase Request (Modification to Existing Requirement)

You must complete this form to initiate the creation of a purchase request in the Financial and Business Management System (FBMS). After you have completed all fields below, this request must be approved by the program office Supervisory Approver and Certifying Funds Approver, then submitted to the FBMS Requisitioner via the PPR Processing Site. **Be sure to complete the entire form before inserting a digital signature. You will not be able to make further edits after the form has been digitally signed.**

### Notes

(For Requisitioner Use Only)

PPR # \_\_\_\_\_

PR # \_\_\_\_\_

### Release Strategy:

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

### Program Purchase Request (PPR) Requisitioner Information

Name: \_\_\_\_\_  
(Last) (First) (MI)

Phone Number: \_\_\_\_\_ Program Office/Field Office: \_\_\_\_\_

For use by requesting program office

Internal Reference No.: \_\_\_\_\_ Requester Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Ad Hoc Approver: (for use outside of FBMS) \_\_\_\_\_  
(Last) (First)

### Purchase Request (PR) Header Information

This is a Law Enforcement IT purchase and requires IT approval from Law Enforcement Specialist (mapped to ACQ\_AO\_IT role)

Use this space to address any additional information relevant to the PR, such as: the contract number and name of the Buyer/Contracting Officer of the purchase being modified; the name/phone number of the DOI-certified Contracting Officer's Technical Representative; the deobligation amount, if this is a deobligation; indication as to whether this request is subject to the availability of funds (SAF); the Contract Line Item Number (CLIN)(s), if requesting a modification to a line item or line items.

### For Post-Award Acquisition and Post-Award Grants

Reason for modification:

De-obligation for contract closeout

De-obligation not for closeout

Ratification

De-obligation for a line on a converted award

Change in cost structure/financial information (includes changes to WBS and UPC)

Adding new line to the contract (If yes, see Line Item Data section)

Increase line by quantity or percentage (If yes, complete Account Assignment Tab)

Other reason: \_\_\_\_\_

Original Contract Number: \_\_\_\_\_ Original CLIN: \_\_\_\_\_

Original PR Number: \_\_\_\_\_ Original Requisition Line: \_\_\_\_\_

### Customer Data Tab

PR Title: \_\_\_\_\_ (Max 40 Characters)

Period of Performance: From: \_\_\_\_\_ [mm/dd/yyyy] To: \_\_\_\_\_ [mm/dd/yyyy]

FBMS Receiving Official/COR: \_\_\_\_\_  
(Last) (First)

Originating Office (Requisitioner's Office): \_\_\_\_\_  
(Address - Line 1)  
\_\_\_\_\_  
(Address - Line 2)  
\_\_\_\_\_  
(City) (State) (Zip code)

Originating Office Code: 30000 GSA/Other Known Contract Number: \_\_\_\_\_

[illegible]

If extra lines are needed, provide additional items and corresponding required information on a separate page as an attachment.



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**Suggested Vendors:** (Include DUNS numbers if known)

**Custodial Property Officer Name:** \_\_\_\_\_  
(assets only) (Last) (First)

### Approval Signatures

*Provide digital signatures below after all other fields are completed. Handwritten signatures and approvals via email are also acceptable. If approving via email, make sure to include as an attachment.*

**PPR Supervisory Approver:** \_\_\_\_\_  
(Signature)

**PPR Certifying Funds Approver:** \_\_\_\_\_  
(if necessary) (Signature)

### Account Assignment Tab/Limits Tab

Line No.	% or Quantity Allocated	Cost Center or Work Order	Partial Fund	WBS (project code)	<p>Note: If a particular line item is funded by multiple WBS codes, enter those WBS codes in the table to the left. The "Line No." in this table should correspond to the "Line No." of the item in the table above. A new row should be completed for each WBS code.</p> <p>If split by dollar amount, the funding will deplete evenly from each of the accounts until the request has been paid in full. The FBMS system does not allow for one funding account to fully deplete before depleting the second account or for the Requisitioner to control the order of use of funds. If it is important to deplete funding in a certain order rather than depleting all funds proportionally, it is recommended that a separate line is created for each funding line.</p> <p>It is recommended that items with multiple lines of accounting be split by percentage rather than by dollar amount due to errors in the system when splitting by dollar amount.</p>

**If extra space is needed, provide additional accounting information on a separate page as an attachment.**



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### Delivery Address Tab

*If using multiple delivery addresses, please specify corresponding line item numbers.*

#### Delivery Address 1:

\_\_\_\_\_  
(Address – Line 1)

In reference to  
Line Item No.:

\_\_\_\_\_  
(Address – Line 2)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

\_\_\_\_\_  
(Phone number)

Delivery Address I.D. Number (If known): \_\_\_\_\_

#### Delivery Address 2:

\_\_\_\_\_  
(Address – Line 1)

In reference to  
Line Item No.:

\_\_\_\_\_  
(Address – Line 2)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

\_\_\_\_\_  
(Phone number)

Delivery Address I.D. Number (If known): \_\_\_\_\_

#### Delivery Address 3:

\_\_\_\_\_  
(Address – Line 1)

In reference to  
Line Item No.:

\_\_\_\_\_  
(Address – Line 2)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip code)

\_\_\_\_\_  
(Phone number)

Delivery Address I.D. Number (If known): \_\_\_\_\_

**If extra space is needed, provide additional delivery information on a separate page as an attachment.**

### Documents Attached

(Check all that apply)

Additional Accounting Information

Additional Delivery Information

Additional Line Items

Drawings, Maps, Illustrations

FISMA (IT Requirements)

Independent Government Estimate

Justification for a Non-Competitive Requirement (FAR 6.302-1)

PPR Approvals

Quotes/Market Research

Statement of Need (IT Requirements)

Statement of Work: Performance Based or Other

Section 508 Compliance (IT Requirements)

Technical Evaluation Criteria

Other: \_\_\_\_\_

### Approvals

*If a specific Supervisory and/or Ad Hoc Approver must review the PR in FBMS, include names below (not a required field).*

**FBMS Supervisory Approver:**

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

**FBMS Ad Hoc Approver:**

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

**FBMS IT Approver (Law Enforcement):**

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)