



PROCUREMENT REQUISITION *FOR* *FORMAL SOLICITATIONS*

Requested By: _____

Department: _____

Contact Phone#: _____

Date: _____

Name of Solicitation and Description:

Funding Source Type:

OPERATING FQA: 100 -- _____ -- _____ -- _____
Department Cost Center Account

OTHER : _____
(Capital, Lease, CEA, Revenue, Etc.)

Estimated Cost of Solicitation: \$ _____

Does this project have any federal funding: Yes

No

Public Works/Construction

Goods/Materials

Professional Services

Non-Professional Services

RFQ:

(Request for Qualifications)

RFP:

(Request for Proposals)

ITB:

(Invitation to Bid)

DBE:

(Disadvantaged Business Enterprise)

SLDBE:

(State and Local Disadvantaged Business Enterprise)

ACDBE:

(Airport Concession Disadvantaged Business Enterprise)

Recommend Pre-Bid/Pre-Proposal Conference: Yes

No

If yes (check one): Mandatory

Optional

Deputy Director Signature: _____

Date: _____

Director Signature: _____

Date: _____

For Procurement Use Only

Requisition#: _____

DBE %: _____