**ONLINE VENDOR PORTAL REQUEST**

Choose an item.

**COMPLETE THIS FORM AND ATTACH IN PMIS WHEN INITIATING THE WORKFLOW**

**(ALL INFORMATION MUST MATCH EXACTLY AS IT APPEARS IN PMIS)**

|  |  |
| --- | --- |
| **college:**  |  |
|  |
| **SUB-Project Name:** |       | **PROJECT ROLLUP:***(EG: 02E-261)* |       |
|  |
| **sUB-PROJECT No.:***(eg: 02E-261.00)* |       | **FINANCIAL ID:***(eg: 52E.4261.02)* |       |

|  |
| --- |
| **invitation to be extended to all firms: [ ]  Yes [ ]  No** |
| ***\*If NO, please list the firms invited to this bid and provide reason for shortlist***      |

|  |  |  |
| --- | --- | --- |
| Pre-Bid Meeting: [ ]  Yes [ ]  No |  | mandatory: **[ ]  Yes [ ]  No** |
| LOCATION: (please include map of campus or meeting location)       |  | PROPOSED DATES & TIME FOR PRE-BID MEETING:1ST)       2ND)       *Contract Administrator will follow up to confirm prior to release* |

**SCOPE OF SERVICES, EXHIBITS, AND REFERENCE DOCUMENTS**

|  |
| --- |
| **Brief Description of the Project (eg. three-story bldg, fire sprinklers, structural steel, masonry wall, etc.):** |
|       |
|  |
| **sCOPE OF sERVICES (ENTER BELOW OR PROVIDE LOCATION IN r: dRIVE):** |
|       |
|  |
| **complete list of EXHIBITS AND/OR reference documents (ENTER BELOW OR PROVIDE LOCATION IN r: dRIVE):** |
|       |

**RESPONSE REQUIRED BELOW FOR IOR/LOR REQUEST ONLY**

|  |  |  |
| --- | --- | --- |
| **date inspector required [approx]:**       |  | **project start date:**       |
|  |
| **date-pre construction conference:**       |  | **Est. PROJECT DURATION:**       |
|  |
| **Services include Field Soils Materials Testing: [ ]  Yes [ ]  No** |  | **[ ]  FULL TIME OR [ ]  PART TIME iNSPECTOR****[ ]  NIGHT WORK REQUIRED** |

|  |  |  |
| --- | --- | --- |
| **Select One: [ ]  Non –DSA [ ]  DSA [ ]  DSA No. :**       |  | **DSA classification Type:**     |
|  |
| **SPECIFY building typE (I, II, V OR OTHER):**       |  | **GROSS SQ. FT:**       |  | **Est. Constr. Cost:** $      |
|  |
| **ARCHITECT OF RECORD:**       |  | **FIRM NAME:**       |  | **PHONE NO.:**       |

**All requests must be received no more than 45 days nor less than 30 days prior to need**

|  |  |  |  |
| --- | --- | --- | --- |
| **Prepared by:** |       |  |       |
|  | **(Print Name)** |  | **(Title)** |
| **Reviewed by:** |       |  |  |  |       |
|  | **CPT Cost Analyst (Print Name)** |  | **Signature** |  | **Date** |

**Approvals of this Online Vendor Portal Request and all details/documentation provided will be registered in PMIS**

**A separate Online Vendor Portal Request shall be completed for each Project**

**If other Online Vendor Portal Requests are associated with this one, identify the project workspace on the line below (or N/A)**

|  |  |  |
| --- | --- | --- |
|  |       |  |