

Field Purchase Order		State of Alaska Department of Natural Resources		Field Purchase Order #	
		Division of Forestry			
SHIP TO:		DATE DELIVERY REQUIRED		DATE OF ORDER	
		FAX NUMBER		F.O.B. POINT	
VENDOR CONTACT NAME		TELEPHONE #			
VENDOR NAME & ADDRESS			SHIPPING INSTRUCTIONS		

NOTE: This order constitutes a binding commitment between the state and the contractor listed hereon. Unauthorized modification without the expressed prior approval of the purchasing authority will result in a financial obligation on the contractor and/or unauthorized state personnel making the change.

ITEM #	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXT PRICE
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Emergency Purchase in Support of an Incident

Mailing Address

Page 1 of

FIN	AMOUNT	SY	CC	LC	ACCOUNT	STOCK REQUEST
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Purchasing Authority Name			Title		Purchasing Authority Signature		Telephone #	
---------------------------	--	--	-------	--	--------------------------------	--	-------------	--

1. FPO number and receiving agency name must appear on all invoices and documents relating to this order.
2. Do not over ship or substitute.
3. Receipted freight bills must accompany all claims for freight charges.
4. The state is registered for tax-free transactions under Chapter 32, IRS code. Registration #92-601185. Items are for the exclusive use of the state and not for resale.

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Emergency Purchase in Support of an Incident

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AK-NFDC LOGISTICS CENTER

RESOURCE ORDER REQUEST

TO: AK-NFDC ATTN: _____
FROM:
OFFICE:
PHONE: _____ FAX: _____
DATE: TIME:

REC'D: __ ,2022
TIME: _____

1) WHAT IS THE ORDER FOR?
Resource Type: ___Overhead ___Crews ___Equipment ___Supplies ___Aircraft

2) DESCRIBE HOW MANY & WHAT YOU NEED.
Resource Description:

3) WHAT IS THE PURPOSE OR MISSION OF THE REQUESTED RESOURCE?

WHERE AND WHEN DO YOU WANT THE RESOURCE DELIVERED?
Date & Time Needed:
Deliver to: _____

Special Instructions/comments regarding delivery: _____

WHAT IS THE CHARGE CODE?
State Charge Code: _____
Authorized By: _____

AK-NFDC 2022

AK-NFDC LOGISTICS CENTER

RESOURCE ORDER REQUEST

TO: AK-NFDC ATTN: _____

FROM:

OFFICE:

PHONE: _____ FAX: _____

DATE: TIME:

REC'D: __ ,2022

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WHERE AND WHEN DO YOU WANT THE RESOURCE DELIVERED?

Date & Time Needed:

Deliver to: _____

Special Instructions/comments regarding delivery: _____

WHAT IS THE CHARGE CODE?

State Charge Code: _____

Authorized By: _____

Department of Natural Resources
Delegation of Purchasing Authority Form

This form is posted on the DNR Intranet at <http://int.dnr.alaska.gov/ssd/Procurement.htm>

Name: _____ PCN #: _____
 Title: _____ Section: _____
 Division: _____

Purchasing Authority

Purchasing authority is the authority to procure goods and services on behalf of the Department of Natural Resources (DNR) in accordance with the Alaska Procurement Code and department policies and procedures. **Purchasing authority is not the same as funding authority.** If only purchasing authority is delegated, another employee with funding authority is needed to approve a purchase or obligation of funds. DNR requires delegation of purchasing authority and Level I Procurement Certification for all purchases of \$5,000 or less. The Level I Procurement Manual and certification process can be found at: http://int.dnr.alaska.gov/ssd/procurement/Alaska_Public_Procurement_Manual_Level_I.pdf **Attachment A "Request for Level I Procurement Certification" form is required to be completed and included with delegation of purchasing authority requests.**

The employee identified above is hereby delegated purchasing authority noted within this delegation for their respective division, section, or program. This delegation of purchasing authority is subject to the above-named employee following the Alaska Procurement Code and department policies and procedures related to the exercise of this purchasing authority. The delegated purchasing authority cannot be subdelegated without the approval of the DNR Division of Support Services Director or approved designee and must be within the limits of this delegation of purchasing authority.

Procurement Training and Certification

Individual purchasing authority is subject to both obtaining training and maintaining certification in accordance with Department of Administration guidelines at one of the levels below for the procurement of goods and services. The employee is trained and certified at the below level (check one box below).

Level I Training and Certification Up to \$5,000	Level I Training and Certification \$5,001 - \$10,000
Level II Training and Certification \$10,001 - \$100,000	Level III Training and Certification Greater than \$100,000

This individual is hereby granted specific purchasing authority less than or equal to the limit identified below:

Basic Purchasing Authority – Authority to procure goods and services with an aggregate cost of no more than \$5,000 (Level I Procurement Certification Required).

Procurement Officer Purchasing Authority (Procurement Section only) – Authority to procure goods and services with an aggregate cost of no more than: \$

Specific Purchasing Authority - Authority to procure goods and services with an aggregate cost of no more than: \$

Important: If requesting purchasing authority over \$5,000, requestor must use the box at the top of the next page to provide justification to support this request.

Restrictions (if any):

Signatures: Delegation of Purchasing Authority

By accepting the responsibilities and authority accorded by this delegation, I do hereby affirm that I shall perform these duties and responsibilities in accordance with the Alaska Procurement Code, and directions from the DNR Commissioner and DNR SSD.

I understand that if I commit a procurement or approval violation, I could face disciplinary actions, up to and including revocation of my delegated authority or dismissal.

By my signature below I acknowledge that I have read, understand, and agree to comply with the applicable statutes, regulations, policies, and the Alaska Procurement Code.

Employee Name:

Employee Signature

Date

Supervisor Approval:

As a supervisor, or designee, I hereby grant this delegation of authority in accordance with my determination that this employee has read, understands, and agrees to comply with the applicable statutes, regulations, policies, and the Alaska Procurement Code.

Supervisor (or designee) Name:

Supervisor (or designee) Signature

Date

Division Director Approval

As a Director, or designee, I hereby grant this delegation of authority in accordance with my determination that this employee has read, understands, and agrees to comply with the applicable statutes, regulations, policies, and the Alaska Procurement Code.

Director (or designee) Name:

Director (or designee) Signature

Date

Procurement Manager Approval

Procurement Manager (or designee) Name:

Procurement Manager Signature

Date

REQUEST FOR LEVEL I PROCUREMENT CERTIFICATION

Now that you have completed reading this manual, complete and submit this Request for Level I Procurement Certification form to your department’s certification program administrator. The information may also be transmitted via email.

After receipt, your department will be allowed to delegate purchasing authority to you for the purchase of supplies and services valued at \$10,000 and less.

NOTE: Obtaining Level I Procurement Certification by reading the manual does not meet the prerequisites for taking the Level II or III Procurement Academy classes. In order to take the Level II or III Procurement Academy classes and receive Level II or III certification, you must first take the Level I Procurement Academy in-person class.

Name:	Telephone No:
Department:	Fax No:
Agency/Section:	Email Address:
Address:	Supervisor’s Name:
City, State, Zip:	Supervisor’s Telephone No:

I certify that I have read and understand this Level I Procurement Manual. I agree to be held accountable for the competent, effective, legal, and ethical interpretation and application of this information.

Name/Work Title

Date

- Required Attachment:**
Request for Level I Procurement Certification
 Minimum Distribution:
 Copy - Division Director
 Copy - Supervisor
 Copy - Employee

Payment Process
 Internal Exchange Trans (IET) Internal Trans Agreement (ITA) Other

Requesting Agency (Buyer)	Results Delivery Unit (RDU)	Component	ADN #
Servicing Agency (Seller)	Results Delivery Unit (RDU)	Component	ADN #

I. Project or program title:
 II. The servicing agency agrees to provide the requesting agency with the following service(s):
 (Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)

Buyer Program Contact/Phone: _____ Seller Program Contact/Phone: _____

III. Terms and mechanics of reimbursement: Buyer Vendor/Customer #: _____
 Payment upon approval
 Payment upon receipt of inter-agency billing
 Payment upon completion of service(s)
 Other (Specify) _____

Commencement date: 7/1/2021 Completion date: 6/30/2022 Billing Email Address: _____ Phone #: _____

IV. Servicing Agency cost based on: Itemized costs of service(s) provided
 Cost allocation schedule (description of allocation methodology must be attached)

V. Schedule of maximum costs to be incurred by the Servicing Agency:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ 0.00
Services	\$ 0.00	\$ _____	\$ _____	\$ 0.00
Commodities	\$ _____	\$ _____	\$ _____	\$ 0.00
Capital Outlay	\$ _____	\$ _____	\$ _____	\$ 0.00
Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ 0.00
Other	_____	_____	_____	0.00
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Servicing Agency may not change line items without approval of Buyer Agency

VI. Budgeting and Accounting Information :

Requesting Agency Authorization: Capital Operating
 Financial coding to be charged: Buyer Dept _____ AR _____ Fund _____ Org Unit _____ Program _____ Task _____
 Template _____ Activity _____ Location _____ Function _____ Exp Obj _____

(Open Item # or Doc ID # (RS, EN, or AJE) _____ (Format: Sec Ch SLA Pg Ln OR RPL # XX-X-XXXX)
 Federal funds: No Yes, Amount _____
 Federal Pass Through: Yes No _____
 Federal Agency/Program/CFDA/Grant/Contract No. _____ Date funds lapse: 30-JUN-2022

Servicing Agency Authorization: Is this agreement using budgeted authorization? No Yes
 Seller Vendor/Customer # _____ Seller Dept _____
 AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____
 AR _____ Fund _____ Org _____ RR _____ Program _____ Other _____ Template _____

VII: Approvals & Certification: The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be take up to and including dismissal.

Requesting Agency Authorized Signature	Printed Name	Date
Servicing Agency Authorized Signature	Printed Name	Date
Requesting ASD Authorized Signature	Printed Name	Date

Completing the RSA form

You need to determine first who is the requestor and who is the servicer

The requestor/buyer is paying for service, an expense account code will debit their account string

The servicer is receiving money for service, a revenue account code will credit their account string

Usually the person requesting/buying the service will route the RSA and complete the JV (but not necessary). The parties can

Authorized signers are by Campus: Community Campus Directors or University Vice Chancellor for Administrative Services for

UA VP of Finance

SW Services

Enterprise Entities

Myron Dosch 450-8079 midosch@alaska.edu

Vice Chancellor for Administrative Services (VCAS)

UAA Anchorage Campus William Jacob 786-4620 wjjacob@alaska.edu

UAF Fairbanks Campus Amanda Wall 474-7552 aiwall@alaska.edu

UAS Juneau Campus Julie Vigil 796-6494 jlvigil@alaska.edu

UAA Community Campus

KPC Cheryl Siemers 262-0292 cksiemers@alaska.edu

Kodiak Jacelyn Keys 486-1220 jrkeys@alaska.edu

Mat Su Talis Colberg 745-9721 tjcolberg@alaska.edu

PWSC Dan O'Conner 834-1662 jdoconnor@alaska.edu

Vice Chancellor for Rural, Community and Native Engagement

Bristol Bay

Chukchi Campus

CRCD

Interior Alaska Campus Charlene Stern 474-1865 cbstern@alaska.edu

Kuskokwim Campus

Northwest Campus

UAF Community & Technical College

Contact information for the campuses Budget Directors

UAA Budget Director Ryan Buchholdt 786-4636 rcbuchholdt@alaska.edu

UAF Budget Director Jason Theis 474-6223 jwtheis@alaska.edu

UAS Budget Director Julie Vigil 796-6494 jlvigil@alaska.edu

RSA Routing in Docusign

The created RSA is first sent to [Yan Xiong in SW Fund Accounting \(yxiong6@alaska.edu\)](mailto:yxiong6@alaska.edu) for review, feedback, logging and

Although only the VCAS or Campus Directors officially sign the RSA, you may want to route to business officers/fiscal staff/d

For the **UAA Anchorage campus, route to UAA Budget Director (Ryan Buchholdt) for review first before the VCAS (William

In Docusign, create a place for initials for Ryan Buchholdt to the left of the signatures at the bottom

Example of possible Routing in situation where an Anchorage Campus College is charging a Community Campus for services:

College Business Officer creates RSA and e-mails to Yan Xiong for review, possible edits and assignment of the A
College Business Officer then routes to their Dean for review (according to their individual college processes)

Routed to Community Campus business officer for review

Routed to Community Campus Director for signature

Routed to Anchorage Campus Budget Director for review (Initial on Docusign)

Routed to Anchorage Campus VCAS for signature

If no OMB review is needed, you are done routing.

To be clear, [Yan](#) has already reviewed the RSAs in the very beginning. She does not need to sign at the very

However, if OMB review is needed, route the RSA to Yan Xiong for that final element of signature gathering

JV

When all signatures are gathered, you can create the JV and send to your campuses Budget Office for processing. Attach a c

[Yan](#) should be sent one e-mail with a copy of the signed RSAs and a copy of the JV. CC the Budget Director as well.

For most transfers, use the appropriate account codes for the expense/revenue. Delivery of service to internal customers
RSA accounts codes 8580/9980 are only used when transferring TVEP or other Research or Instruction Awards

γ end, so no need to route through DocuSign to her for each RSA.

University of Alaska *Internal* RSA Simplified Data Entry Form

TITLE:

DESCRIPTION:

AMOUNT:

<i>Transfer Info</i>	FUND	ORGN	PHONE	EMAIL
TO (Credit)	<input type="text"/>			
FROM (Debit)				

UAF integrates financial manager names into the Banner Organization Structure. For transfers involving other allocations, please enter financial contact person below:

Servicing (To)	<input type="text"/>	()
Receiving (From)	<input type="text"/>	()

State of Alaska **Reimbursable Services Agreement** ### ## ORIGINAL AMENDMENT #

Payment Process
 Internal Exchange Trans (IET) Internal Trans Agreement (ITA) Other

Requesting Agency (Buyer)	Results Delivery Unit (RDU)	Component	ADN #
_____	_____	_____	_____
Servicing Agency (Seller)	Results Delivery Unit (RDU)	Component	ADN #
_____	_____	_____	_____

I. Project or program title:
 II. The servicing agency agrees to provide the requesting agency with the following service(s):
 (Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)

Buyer Program Contact/Phone: _____ Seller Program Contact/Phone: _____

III. Terms and mechanics of reimbursement: Buyer Vendor/Customer #: _____
 Payment upon approval
 Payment upon receipt of inter-agency billing
 Payment upon completion of service(s)
 Other (Specify) _____

Commencement date: 7/1/2021 Completion date: 6/30/2022 Billing Email Address: _____ Phone #: _____

IV. Servicing Agency cost based on:
 Itemized costs of service(s) provided
 Cost allocation schedule (description of allocation methodology must be attached)

V. Schedule of maximum costs to be incurred by the Servicing Agency:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Services	\$ _____ 0.00	\$ _____	\$ _____	\$ _____ 0.00
Commodities	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Capital Outlay	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ _____ 0.00
Other	_____	_____	_____	_____ 0.00
Total	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00

Servicing Agency may not change line items without approval of Buyer Agency

VI. Budgeting and Accounting Information :

Requesting Agency Authorization: Capital Operating
 Financial coding to be charged:
 Buyer Dept: _____ AR: _____ Fund: _____ Org Unit: _____ Program: _____ Task: _____
 Template: _____ Activity: _____ Location: _____ Function: _____ Exp Obj: _____

(Open Item # or Doc ID # (RS, EN, or AJE) _____ (Format: Sec Ch SLA Pg Ln OR RPL # XX-X-XXXX)
 Federal funds: No Yes, Amount _____
 Federal Pass Through: Yes No _____
 Federal Agency/Program/CFDA/Grant/Contract No. _____
 Date funds lapse: 30-JUN-2022

Servicing Agency Authorization: Is this agreement using budgeted authorization? No Yes
 Seller Vendor/Customer #: _____
 Seller Dept: _____
 AR: _____ Fund: _____ Org: _____ RR: _____ Program: _____ Other: _____ Template: _____
 AR: _____ Fund: _____ Org: _____ RR: _____ Program: _____ Other: _____ Template: _____

VII: Approvals & Certification: The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be take up to and including dismissal.

Requesting Agency Authorized Signature	Printed Name	Date
_____	_____	_____
Servicing Agency Authorized Signature	Printed Name	Date
_____	_____	_____
Requesting ASD Authorized Signature	Printed Name	Date
_____	_____	_____


Myron J. Dosch, CPA
Chief Finance Officer
Phone: (907) 450-8079
Fax: (907) 450-8071
myron.dosch@alaska.edu



UNIVERSITY
of **ALASKA**
Many Traditions One Alaska

July 28, 2021

TO: Bill Jacob, Michael Ciri, Julie Queen, Charlen
Talis Colberg, Jacelyn Keys, Dan O'Connor, M

FROM: Myron Dosch 

SUBJECT: Appropriations rules

The university will have a multiple appropriation structure in structure necessitates that the provisions of AS 37.07.080(e) 1 transfers between appropriations. Based on guidance provide and Budget (OMB), this document provides the rules for com statutes regarding transfers between appropriations.

The two FY22 University of Alaska appropriations follow:

University of Alaska	UA Commu
Budget Reductions/Additions - Systemwide	Kenai Penin
Systemwide Services	Kodiak Coll
Office of Information Technology	Matanuska-
Education Trust of Alaska	Prince Willi
Anchorage Campus	Bristol Bay
Small Business Development Center	Chukchi Ca
Fairbanks Campus	College of I Developme
UAF Community and Tech College	Interior Ala

	Kuskokwim
	Northwest C
	Juneau Carr
	Ketchikan C
	Sitka Camp

The basic rule is that transfers between these appropriations : reimbursable services agreement (RSA) is approved or it is e An RSA is a State of Alaska OMB form that is a contractual

Multiple Appropriations
 July 28, 2021
 Page 2

appropriation requesting a service and an appropriation provide example, the System Office provides Human Resources servi Southeast. As noted in the following tables, some services re others do not. OMB has delegated approval authority to the A Directors within each State agency, for UA this is the System and Budget Director (Alesia Kruckenberg). In all cases, OME needed if the cumulative cost of the service is equal to or belc limit generally is based on the cumulative and combined ann provided to an appropriation, rather than an individual work c

The rules governing inter-appropriation transactions are in the *Program Manual* issued by the OMB (see Appendix A).

The Vice Chancellors for Administrative Services at the camp for Rural, Community and Native Education, the Chief Finan

Office, and Campus Directors, or their designees, have authority between university appropriations. The following tables list I approved by OMB for specific university transactions:

Core Services	
RSA form is required. OMB-designee approval is not	
Description	Example(s)
Information Technology (IT) services	Network and se conferencing, s support, telepho consulting, stud
Risk Management services	Claims process; programs
Human Resources services	System Office p services, such a
Cash Management (banking) services	Fees for proces

Core Services	
RSA form is not required unless the cumulative cost i	
Description	Example(s)
Conferencing, Catering and Space Rental services	UAS hosts a Bc
Science and Engineering testing lab services	UAF uses its sp conduct a scien different approp

Core Services**RSA form is required. OMB-designee approval required over \$100,000.**

Description	Example(s)
Capital Projects oversight services	System Office budgets and co Regents
Physical Plant and Utility services	UAF physical plant Office administrative Fairbanks; UAF Statewide building UAF physical plant Community College

Programs**RSA form is required. OMB-designee approval required over \$100,000.**

Description	Example(s)
Vo Tech Ed (TVEP/Workforce Development Funds)	Funding is distributed or departmental service
Research and Instruction Awards	System Office biomedical research research activities funding to Rural equipment

Revenue Distribution Transactions**RSA form is not required. OMB designee approval is required.**

Description	Example(s)
Student tuition and fee revenue distribution	UAF collects tuition centrally, then distributes the revenue based on internal technology and among appropriate
Indirect Cost Recovery (ICR)	Automated distribution

Indirect Cost Recovery (ICR)	Automated disbursement on grants and contracts negotiated indirectly by federal government
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Multiple Appropriations
 July 28, 2021
 Page 4

Other specific transfers	
RSA form is not required. OMB-designee approval is required.	
Description	Example(s)
Debt service	One appropriation providing support to another
Bookstore operations	A rural college receiving funds from the UAF

Note that all transactions or services between appropriations require application of RSA rules, regardless of their lack of identification as an inter-appropriation transaction that is less than \$100,000 and do not require an RSA, but not OMB-designee approval.

RSA Form 02-098 must be completed and signed by all participating and servicing agencies and OMB-designee, if necessary, prior to the work.

The RSA instructions are in Appendix B and the RSA form is available at <https://omb.alaska.gov/forms-and-manuals/#rsa> When OMB-

required, the original Form 02-098, signed by both the requester and the OMB-designee. For consistency, **all** RSAs should be submitted to OMB-designee. For consistency, **all** RSAs should be submitted to the Office Controller's Office. The identifying agency document and copies will be retained for Legislative reporting.

The underlying accounting should remain essentially the same for all appropriation services. The university uses the UA Intra-agency authority and the 99XX revenue account code section to identify transactions crossing appropriations. Account codes 9980 and 9981 (Tech Ed (TVEP) and Research and Instruction awards identified in the Budget transfers will no longer be allowed for moving funds. Rather, accounting entries will need to be booked that "gross up" the amount.

Yan Xiong, yxiong6@alaska.edu, in System Office Fund Accounting for RSA's. She will receive RSA's from UA departments, coordinate with the OMB-designee for approval, maintain a log, and be a resource for questions.

cc: Alesia Kruckenberg, Jason Theis, Julie Vigil, Ryan Buchler, Wendy Huesties, Jonathan Lasinski, Michelle Rizk

209 D Butrovich Building
2025 Yukon Drive
PO Box 756540
Fairbanks, AK 99775-6540

e Stern, Cheryl Siemers,
Michele Stalder

FY22 similar to FY21. This
be followed, which limit
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iam Sound College
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are not allowed, unless a
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 . Office Strategy, Planning
 3-designee approval is not
 ow \$100,000. The \$100,000
 ial cost of a service function
 or service order.

e State of Alaska's *Revised*

puses, the Vice Chancellor
 cial Officer at the System

city to approve RSAs
RSA requirements as

t required.
erver administration, video oftware and hardware one, web design and lent ID card system
ing, risk prevention
provides Human Resources is recruitment, for UAS sing wires or ACH transfers
ts over \$100,000.
oard of Regents meetings
pecialized lab equipment to tific test for a unit in a priation

Required if cumulative cost is

oversees capital projects' communication with Board of

plant maintains System
tration building in
A physical plant maintains
buildings located in Anchorage;
plant maintains UA
college's plant

Required if cumulative cost is

tributed to an academic unit
that provides the required

provides funding to UAS for
research or other specific
ties; UAF Provost provides
al Colleges for instructional

Not required.

tuition and fee revenue
processes journal entries to
revenue to colleges and units
ial agreements; Information
l network fees are distributed
iations
tribution of ICP generated

tribution of ICR generated
contract activity using
direct cost rates with the
Department and State of Alaska.

s not required.

ion provides debt service
under appropriation

bookstore purchases books
bookstore

are considered for
attention above. For example,
and not listed above will

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party to the commencement of

s here:

designee approval is

sting and servicing agencies,
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ie for university inter-
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between appropriations, but
p” the transaction.

counting is the main contact
ordinate with OMB-
questions.

holdt, Wei Guo, Yan Xiong,

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. PROCUREMENT AGENCY a. name and address: b. Phone Number: c. FAX Number:		2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement): 3. EFFECTIVE DATES OF AGREEMENT: a. beginning b. ending c. Specific Incident only: Incident Name: Incident Number:		
4. CONTRACTOR a. name and address: b. EIN/SSN: d. EMAIL Address: e. Telephone Number (day): Telephone Number (night): Cell Phone Number: FAX: c. DUNS:		5. POINT OF HIRE (location when hired if different than Block 4):	6. ORDERING DISPATCH CENTER	
7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) * (see note below)				
8. OPERATOR FURNISHED BY: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT				
9. Contractor Authorized Commissary: <input type="checkbox"/> Yes <input type="checkbox"/> No				
10. BUSINESS SIZE OF CONTRACTOR: a. <input type="checkbox"/> Small b. <input type="checkbox"/> Other c. <input type="checkbox"/> Women-Owned d. <input type="checkbox"/> Small Disadvantaged e. <input type="checkbox"/> HUB Zone f. <input type="checkbox"/> Service Disadvantaged Vet (Information for tracking purposes only – not used for preferential hiring)				
11. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).	12. NO. OF OPERATORS PER SHIFT	13. HR/RY/DAILY/MILEAGE/SHIFT BASIS (ss/ds: ref. Cl. 6) Rate Unit	14. SPECIAL	15. GUARANTEE (8 HOURS)
a)				
b)				
c)				
d)				
e)				
f)				
16. SPECIAL PROVISIONS: Your signature constitutes acknowledgement of and agreement to abide by the terms and conditions of hire incorporated herein with the State of Alaska. * The State of Alaska hires equipment at a DRY Rate with the State providing the fuel only.				
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE	18. DATE	20. CONTRACTING OFFICER'S SIGNATURE a. Warrant No.	21. DATE	
19. PRINT NAME AND TITLE	18. DATE	22. a. PRINT NAME AND TITLE b. Phone Number: c. FAX:		