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| Office of the Budget |
| **Consulting Services ITQ Review Form** |
| Comptroller Operations |

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| **Instructions: This form is to be utilized to request authorization to procure actuarial, accounting, auditing or financial consulting services. Please submit this form as a Word document.**  **The completed Word document must be emailed RA-ConsultingSrvcs@pa.gov (use Outlook global directory).** | | | | | | |
| Requesting Agency Information | | | | | |
| **Agency:** |  | | | Date: |  |
| **Address:** |  | | | | |
| **Requested By:** |  | **Telephone No:** |  | | |
| **Agency Contact:** |  | **Telephone No:** |  | | |

| Procurement Information | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Commodity Code of Service:** |  | | **Sub-commodity Code:** | |  | |
| **Is there an existing contract:** | **Yes** | **No** | | **Contract Number:** | |  |
| **Description of and reason for services:** |  | | | | | |
| **Are federal funds involved:** | **Yes** | **No** | | **% federal funds:** | |  |
| **Funding information:** | **Estimated spend:** | **$** | | **Fund number:** | |  |
| **Estimated dates of service:** | **Begin** | **End** | | **# of renewal years:** | |  |

| Agency Authorization (type name – no signature required) | | | |
| --- | --- | --- | --- |
| **Approved by:** |  | **Title:** |  |

| Office of the Budget Use Only | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Approval Recommendation:** | **Approved** | **Denied** | | **Approved with Conditions** | **Date** |
| **OB Approver Name:** |  | **Title:** |  | | |
| **OB Comments:** |  | | | | |
| **OB Conditions:** |  | | | | |

| For Auditing Services Only – Auditor General’s First Right of Refusal | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Approval Recommendation:** | **Accepted** | **Declined** | | **Require Additional Information** | **Date** |
| **AG Approver Name:** |  | **Title:** |  | | |
| **AG Comments:** |  | | | | |