

## Central Purchasing PROCUREMENT SCHEDULE REQUEST TO ADD/CHANGE

Email completed form to the State Use Program office at <a href="mailto:sureports@omes.ok.gov">sureports@omes.ok.gov</a> for consideration.

This form is used when a qualifying State Use supplier requests to add a product and/or service to the State Use Procurement Schedule. Products and services found eligible will be presented before the State Use Committee for review and final approval.

To comply with State Use statutory requirements, the products must be directly manufactured, produced, processed and/or assembled by the supplier and people with disabilities, and must add value per 74 O.S. § 3003 (6), (7), (8) and (9).

SUPPLIER INFORMATION			
Company name			
Address			
Contact name	Phone	Email	
PRODUCT AND/OR SERVICE INFORMATION	N		
Detailed product and/or service description			
Quantity or count per package/box/case (products only)	Unit of measure (box, case, each, square foot, etc.)		
Requested selling price	Is shipping included in selling price?  Yes No		
Contract requesting product and/or service to be added to:	Yes	∐ NO	
Is the product and/or service easily comparable on the open marks	et? If yes, please list sources (web	links, etc.):	
If no, please describe the reason, difference, etc., including your co	ost analysis:		
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REASON TO ADD PRODUCT/SERVICE			
<ul><li>Has a state agency/political subdivision requested the above-</li><li>Yes</li><li>No</li></ul>	named product and/or service?		
2. If "Yes" to Question 1, attach documentation of the request(s	) and list the attachments here:		
3. If "No" to Question 1, explain rationale for requesting adding	a product and/or service to a cont	ract:	

VALUE ADD STATEMENT		
Please provide your Value Add statement and a detailed work description (process involved in the product/service):		
SIGNATURES		
Supplier authorized name	Supplier authorized signature	
Supplier authorized title	Date	
PLEASE PROVIDE AT LEAST ONE PICTURE OF THE PRODUCT REQUESTED FOR		
COMPARISON PURPOSES.		