

Types of Requisitions: PSA_POS

Navigation:

eProcurement > Requisition

Procedure:

1. Business Unit is populated.

10	Business Unit	MHAM1			Mental H	Health & Ad	diction	Serv		Requisi	tion	Name C			
	Requester	r Jackson-La	eeTla		MHA-Ja	ckson-Lee	Tia				P	riority M	edium 🗙		
	*Currency	USD								Requi	sitio	n Type P	DS - Purchase	e of Service	
												PC	S Details		
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2. Enter the **Requisition Name**

3. **PSA – Personal** Service for the Requisition Type

Business Unit	MHAM1		Mental Health &	Addiction Serv	Requ	isition Name	ST POS PSA	
Requester	Jackson-LeeTia		MHA-Jackson-J	ee Tia	-	Priority M	edium 🗸	
*Currency	VSD				Rec	uisition Type PC	OS - Purchase of S	ervice
						PC	S Details	
Default Options 17								
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4								+

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Business Unit	INTER-WOLD		Mental Health & Add	iction Serv	Requisition Na	me TESTPOSPS	A.
Requester	Jackson-LeeTia		MHA-Jackson-Lee Ti	a	Prio	rity Medium 🗸	
*Currency	USD				Requisition T	POS Details	se of Service
Default Options							
O Default	If you select this option, fields.	the defaults spec	ified below will be ap	plied to requisitio	n lines when there a	re no predefined va	lues for these
Override	If you select this option,	the defaults spec	ified below will overri	ide any predefine	d values for these fie	elds,only non-blank	values are assigned.
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4							+

4. Click on the POS Details Link

5. Click on Hyperlink for **Purchase of Service - POS** Competitive Purchase of Service Greater than \$50,000.



6. Answer all questions.

Purchase of Service POS
Competitive Purchase of Service greater than \$50,000
○ Yes ○ No Is this a requisition to execute a Request for Proposal (RFP)?
○ Yes ○ No Has a Cost Benefit Analysis (CBA) been completed per §4e-16(a)?
Explain why a CBA is not required. Select "Yes" for all that apply:
○ Yes ○ No Services are currently provided by a non-state entity
○ Yes ○ No The contract is with a non-profit and the contract was in effect as of January 1, 2009
○ Yes ○ No Services are new and not currently provided by any state employees
O Yes O No Has a Cost Effectiveness Evaluation (CEE) been completed per §4e-18(p)? If "Yes", keep on file for potential audits.
Explain why a CEE is not required. Select "Yes" for all that apply:
O Yes O No The contract is with a non-profit
O Yes O No The contract was in effect as of January 1, 2009
○ Yes ○ No This type of service cannot currently be provided by state employees
○ Yes ○ No Is this request in accordance with your agency's current OPM-approved procurement plan?
○ Yes ○ No Is this to establish a new contract for ongoing services?
If yes, provide the following information about the previous contract:
Contract ID:
Contract Type: POC Competitive
Supplier ID:
Begin Date: End Date:
Maximum Amount:
Total # of years contracting with this provider:
Date of last RFP:
OK Cancel

7. Click OK

POS Details	×
	Help
Select Type (Click the Link)	
Purchase of Service POS Competitive Purchase of Service greater than \$50,000	
Waiver from Competitive Solicitation POS NON-COMPETITIVE Purchase of Service contract Greater than \$50,000	
Greater than \$50,000 fewer than 3 acceptable proposals received in response to an REP	
Amendment POS Amendment to an existing Purchase of service contract.	
OK Cancel	

- 8. Enter the Supplier ID
 9. Buyer
- 10. Category
- 11. Unit of Measure

USU		THE PERSON AND AND THE		Priority Requisition Type	POS - Purchase of Service	v
Requester Jackson-Lee Tia Priority Medium *Currency USD Requisition Type FOS - Purchase of Service > Pos Details Pos Details Pos Details Default If you select this option, the defaults specified below will be applied to requisition lines when there are no predefined values for these fields. If you select this option, the defaults specified below will override any predefined values for these fields.only non-blank values are assigned. ine Defaults If you select this option, the defaults specified below will override any predefined values for these fields.only non-blank values are assigned.						
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Business Unit	MHAM1		Mental Healt	& Addiction Serv	Requisition Name	TEST POS PSA	
Requester	Jackson-LeeTia		MHA-Jackso	1-Lee Tia	Priority	Medium 🗸	
*Currency	USD				Requisition Type	POS - Purchase of Se	rvice 🗸
						POS Details	
Default Options							
O Default	If you select this o fields.	ption, the defaults	specified below w	ill be applied to requ	isition lines when there are t	no predefined values for	these
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Supplier Location	MAIN	Q	Unit of	Measure HR	Q		
Buyer	FabianoM	2					
Shipping Defaults							
Ship To	0840000311	a		Add On	e Time Address		
Due Date		21		Attention			
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12. Enter Chartfields – If the chartfields are defaulted skip this step.

- 13. Click **OK**
- 14. Click **Fixed Cost Service** link

Note: The Category, Supplier ID, Supplier Name & Unit of Measure, fields populated with values entered on the Define Requisitions page.

Favorites - Main Menu -	> eProcurement + > Requisition			
ORACLE	All Search	Advanced Search		
Create Requisition ②				
Nelcome MHA-Thrall Dee	Define Requisition	lome 🙆	1 📜 0 Lines	
	Add Items & Services			
	ePro Services Request Services			
	Fixed Cost Service Time and Materials Variable Cost Service			

- 15. Enter **Priority of the requisition** (High, Med, Low) and then the **Item Description**
- 16. Enter Value of Service
- 17. Enter Start Date

18. Enter End Date

me MHA-Jackson-Lee Tia			A Home		1 📜 O Line	es Che	eckout
Request Options							
All Request Options	*Service Description	TEST SERVICE					
Catalog	*Value of Service	75000	00	*Currency	USD		
	*Category	85000000	Q				
Special Requests	Supplier ID	0000011728	a		Suggest New	Supplier	
ePro Services	Supplier Name	COMMUNITY HEALTH	REC				
Time and Materials	*Start Date	01/02/2024		*End Date	12/31/2024	8	
Variable Cost Service	Quote Number			Quote Date	1	21	
Templates	Additional Information						
Favorites							D.C.
	Terrer in the		5 m	-			

19. Click Add to Cart

ome MHA-Jackson-Lee Tia			🙆 Home		1))) D Lines	Checkout
Request Options						
All Request Options	*Service Description	TEST SERVICE				
Catalog	*Value of Service	7500	0.00	*Currency	USD	
	*Category	85000000	Q			
Special Requests	Supplier ID	0000011728	Q		Suggest New Supplier	
ePro Services	Supplier Name	COMMUNITY HEALTH	REQ			
Time and Materials	*Start Date	01/02/2024		*End Date	12/31/2024	
Variable Cost Service	Quote Number			Quote Date	2	
Templates	Additional Information					
Favorites						a.
						1
	Send to Supplier	Show	v at Receipt	C Show	at Voucher	

20. The **Shopping Cart** displays

21. Click Checkout

Description	Otv	UOM
TEST SERVICE	1	EA
Total Lines Total Amount (USD)		1 75,000.00

Note: Do this process for additional services you wish to place on your requisition.

22. Click on the **Comments bubble**

Checkout - Review and Sub	omit								
Review the item information and submit the	e req for approval.								
Requisition Summary					Define Requi	sition			
Business Unit	MHAM1	Mental Health & Addi	iction Serv Requisit	ion Name	TEST POS PSA				
Requeste	Jackson-LeeTia	MHA-Jackson-Lee Ti	ia	Priority	Medium 🖌				
*Currency	USD		Requis	ition Type	POS - Purchase of Service	~			
					POS Details				
Cart Summary: Total Amount 75,000.00	USD								
Expand lines to review shipping and ac	counting details			÷	Add More Items				
Requisition Lines 👔									
Line Description	Item ID	Supplier	Quantity	UOM	Price	Total	Details	Comments	Delete
▶ □ 1 [™] TEST SERVICE		COMMUNITY HEALTH RESOURCES INC	1	Each	75000.00	75000.00	Pa	💬 Edit	Û
Select All / Deselect All	Select lines to:	Add to Favorites	Add to Template(s)	Û	Delete Selected	Hass Change			
					Total Amoun	t 75,000.00 USD			
Shipping Summary									
🖉 Edit for All Lines									
Ship To Location	0640000311								
Address	410 Capitol Avenue 4th Floor Office of the Commissioner								
	MS 14 BUS								
	Hartford, CT 06134								
Attention To	MHA-Jackson-Lee Tia								
Comments									

23. Add a **Comment**

24. Click on Add Attachments

omment						
0 🛊 🖬						Help
Business Unit MHAM1	Requisition Date	12/18/2023				
	Status	Open				
Line 1						
ents			Find	First 1 1	of 1 / Last	
e Standard Comments		Entered On:			+	
Start Date:01-02-2024**End Date: EE ATTACHED	12-31-2024				- CE	
Send to Supplier	Show at Receipt] Show at Voucher				
Start Date:01-02-2024**End Date: EE ATTACHED Send to Supplier	12-31-2024 Show at Receipt	Show at Voucher			26	

25. Click on **Choose File** and find a file to attach

26. Click Upload

Business Unit. MHAM1	Requisition Date 12/18/2023 Status Open		
Line 1	File Attachment	Find	First 1 1 of 1 2 Last
Use Standard Comments	Choose File No file chosen		±۱-
1 **Start Date:01-02-2024**End Date:12-3 SEE ATTACHED	Upload Cancel		1216
Send to Supplier Sho	w at R		
Add Attachments		_	

Business Unit MHAM1	Requisition Date 1	2/18/2023				
	Status O	Open				
Line 1						
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Use Standard Comments 1 **Start Date:01-02-2024**End Da SEE ATTACHED Send to Supplier Add Attachments Attachments Attached File	te:12-31-2024 Show at Receipt	Entered On: 12/18/2023 Show at Voucher	6:45:19PM Send to Sug	plier		

27. Click OK

Requisition Comments and Attachments			
Enter requisition comments			
Budget Reference 2024			
Send to Supplier	Show at Receipt	Shown at Voucher	Add more Comments and Attachments
Approval Justification			
Enter approval justification for this req	uisition		
This service is required for ABC			
🕞 Save & submit 関	Save for Later	Add More Items	

29. Click Save & submit

Checkout - Review a	and Su	bmit										
Review the item information an	nd submit th	he req for approval.										
Demuisition Commons								Define Requisit	ion			
Requisition summary												
Bu	isiness Un	it MHAM1	Mental Health & Add	iction Serv	Requisiti	on Name	TEST POS PS	A				
	Request	er Jackson-LeeTia	MHA-Jackson-Lee T	ia		Priority	Medium 🗸					
	*Currenc	y USD			Requis	tion Type	POS - Purcha	se of Service	~			
							POS Details					
Cart Summary: Total Amoun	nt 75,000.0	0 USD										
Expand lines to review ship	ping and a	ccounting details				÷	Add More Iter	ns				
Requisition Lines 👔												
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shipping summary												
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		Office of the Commissioner										
		MS 14 BUS Hartford, CT, 08134										
Atten	tion To	MHA-Jackson-Lee Tia										
Com	nments											
Requisition Comments and A	Attachmen	its										
Enter requisition commen	nts											
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Send to Supplier		Show at Receipt	Shown at Voucher					Add m	nore Comments and A	Attachment	ts	
Approval Justification												
Enter approval justification	on for this r	equisition										
This service is required f	for ABC										<u>_</u>	
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Save & submit	B	Save for Later	Add More Items									
	1											

Price Total Details Comments Delete 7 Message ted A saved Requisition Type can't be changed. Are you sure you want to save a Requisition Type of POS? (23500,29) To Click ok to this message if you are sure you have selected the proper Requisition Type, or Cancel to return and change the Requisition Type. OK Cancel	ltems						-
To Click ok to this message if you are sure you have selected the proper Requisition Type, or Cancel to return and change the Requisition Type. OK Cancel		Price	Total	Details	Comments	Delete	
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30. Click **OK**

- The requisition has been submitted to PSA_POS workflow and is in **pending status**.
- The requisition number displays on the header.
- The Bid/Contract ID starts with the year, agency acronym & requisition number. This field is editable when converting the req to a contract.
- Default for this requisition is Amount Only. If you need to change to QTY un-check the Amount Only Box in the line details.

(Once the requisition is converted into a contract, the Contract ID will have a suffix added to it of either PSA-01 or POS-01 depending upon which requisition type was chosen).

equisition has been submitted.			
Requested For MHA-Jackson-Lee Tia		Number of Lines	4
Requisition Name TEST POS PSA		Total Amount 75,0	000.00 USC
Requisition ID 0000038257	Ap	proval Justification	
Business Unit MHAM1		Bid ID 23N	IHA38257
Status Pending		PO	S Details
Priority Medium			
Budget Status Not Checked			
ency PSA_POS Approval			
TEST POS PSA:Pending		Start New Path	
Agency P SA_POS Approval Pending Not I Multiple Approvers Image: Approvers PSA_POS Requests	Nouted Multiple Approvers PSA_POS to OPM if >/= \$50K	Stan New Path	
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