

## EOHHS EXPENDITURE/PROCUREMENT REQUEST FORM

Version:

02-20-20

Tracking Number:  
Budget Use Only

## Expenditure Information

Department/Unit: Delivery Date or  
Dates of Service: From:  To:  Date Approval Needed: 

If multi year contract, please specify amount breakdown below per year.

|                    |                      |                      |                      |
|--------------------|----------------------|----------------------|----------------------|
| State Fiscal Year: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Estimated Cost:    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Description and Justification: ALL ERFs must be accompanied by sufficient and clear back up documentation

- ☐ **ISA**  
☐ **General Commodities**  
 Supplies, training, printing, postage subscriptions, water, copiers  
☐ **IT Commodities**  
 IT hardware, software, office equipment  
☐ **Travel**  
 \* For out of state travel, attach a TAF Form  
☐ **General Services**  
 Temps, couriers, interpreters, medical professionals actuaries, management, consultants, and all non-IT service contracts  
☐ **IT Services**  
 Contract IT staff, networked equipment leasing, maintenance, cabling, IT-related contracts, telephones and cell phones

Special Delivery Instructions: 

## Vendor

Preferred Vendor Name:  Vendor Code: 

## Authorization

Requested By:  Telephone:  Date: 

Unit Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE PRINT NAME  
 Mass Health or Dept. Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE PRINT NAME  
 Executive Approval: JM Guerin Date: \_\_\_\_\_  
 SIGNATURE PRINT NAME

## Budget/Accounting Use Only

|                     |  |                   |  |
|---------------------|--|-------------------|--|
| Encumbrance #       |  | Program code      |  |
| Appropriation       |  | Object code       |  |
| Activity code       |  | Unit code         |  |
| Function code       |  | Sub Function code |  |
| Contract #          |  | Vendor Line       |  |
| Commodity code      |  | Commodity Line    |  |
| Budget Approval     |  | Date              |  |
| Entered By          |  | Date              |  |
| Accounting Approval |  | Date              |  |

Notes: Scan completed form and e-mail to: [EOHHSBudgetRequests@state.ma.us](mailto:EOHHSBudgetRequests@state.ma.us)