

Purpose: Use this job aid to understand fields displayed on an amended Technical General Services (TGS) or Professional Consulting Services (PCS) form. Amendments are only applicable to the higher reporting category of either TGS or PCS procurement scenarios.

Most fields are pre-populated for **AASIS and Non-AASIS** users. AASIS users' data is generated from the AASIS purchasing document. Non-AASIS users' data is populated from the originally submitted TGS or PCS form.

Access the form at the following link: <http://www.dfa.arkansas.gov/offices/procurement/Pages/forms.aspx> (TGS or PGS)

1. Complete the following fields in the **General Information** section:

All data entry must reflect the latest revised contract and should match the purchasing document in the agency's system of record.

- a. Agency: (Auto-populated from the selection screen)
- b. **Document Type:** (optional) Identifies the contract type for the original purchasing document
- c. Document No.: (Auto-populated from the selection screen) Unique identifier assigned to the original purchasing document by the agency's system of record
- d. **Method of Procurement:** A purchasing category used to describe the scenario for the agreement as defined by State procurement law
- e. **Is this an Amendment:** (Auto-populated from the selection screen)
- f. **Amendment Number:** The number identifying which version of the original document this submission represents
- g. **Reason for Amendment:** Select the purpose of the contract revision
- h. **New Contract Expiration Date:** (only if applicable) Identifies the date the revised agreement will end (excluding extensions)
- i. **Amount Paid to Date:** Sum of all payments made to date
- j. **This Amendment amount:** The total amount requested for the amendment
- k. **Total Projected Amount:** (Total Projected Cost) The total possible net cost of the purchasing document for the extent of the life of the agreement (including possible years of extension-not to exceed 7 years)
- l. **Purpose of Amendment:** Brief description regarding the purpose of the contract revision

Funding Details

Complete the appropriate box(es) below to total 100% of the funding in this contract.

	Federal Funds	State Funds	Cash Funds	Trust Funds
Select Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select % of Fund	0.00	0.00	0.00	0.00

Identify the source of funds for the following:
MUST BE SPECIFIC (i.e. fees, tuition, agricultural sales, bond proceeds, donations, etc.)

Federal Funds:	<input style="width: 90%;" type="text"/>
State Funds:	<input style="width: 90%;" type="text"/>
Cash Funds:	<input style="width: 90%;" type="text"/>
Trust Funds:	<input style="width: 90%;" type="text"/>
Other Funds:	<input style="width: 90%;" type="text"/>

2. Complete the following fields in the **Funding Details** section:

All data entry must reflect the latest revised contract and should match the purchasing document in the agency/institution's system of record.

- a. **Select Funding:** Identifies the type of funds used to pay for the purchase. Users can select more than one box.
- b. **Select % of Fund:** (fields activate depending on the selection in step 2a)
Identifies the ratio of each fund type used to pay for the purchase. These fields must total 100%; decimal values are allowed.
- c. **Identify the source of funds for the following:** (fields activate depending on the selection in step 2a) Type a detailed description for the source of the funding.
 - i. **Federal Funds:**
 - ii. **State Funds:**
 - iii. **Cash Funds:**
 - iv. **Trust Funds:**
 - v. **Other Funds:**

Vendor Information

* Vendor Name:

* Vendor Number:
Please do not use Social Security Number or Federal Tax ID Number

* Vendor Street Address / PO Box:

* Vendor City:

* Vendor State: Choose

* Vendor Zip Code:

* Vendor Minority Indicator: Choose

3. Complete the following fields in the **Vendor Information** section:

All data entry must reflect the latest revised contract and should match the purchasing document in the agency/institution's system of record.

- a. **Vendor Name:** A business entity or person from whom the State is authorized to purchase commodities or services
- b. **Vendor Number:** A unique identifier assigned to a vendor in the agency/institution's system of record
- c. **Vendor Street Address/PO Box:** street where vendor is located for goods distribution
- d. **Vendor City:** town where vendor is located for goods distribution
- e. **Vendor State:** state where vendor is located for goods distribution
- f. **Vendor Zip Code:** postal zone represented by a 5 digit code
- g. **Vendor Minority Indicator:** A description of the type of minority business authorized for use. (AASIS users can use transaction **XK03** to display the indicator on the vendor master record)

4. Complete the following fields in the **Vendor Information** section:

All data entry must reflect the latest revised contract and should match the purchasing document in the agency/institution's system of record.

- a. **Contact Name:** The employee who requested or is primarily responsible for the purchase. This person should be able to answer questions regarding the document as necessary.
- b. **Contact Phone Number:** The phone number for the employee in the Contact Name field
- c. **Primary Email Address:** The business email for the employee in the Contact Name field
- d. **Secondary Email Address:** (optional)

5. Complete the attachments section (non-AASIS users only):

NOTE: AASIS users must create the attachment, with proper naming convention, in AASIS on the original purchasing document.

Only attachments with the proper naming convention will be allowed to be saved. Refer to the OSP website for more information regarding procurement guidelines.

- a. Click the **Browse** button and search for the attachment required for the purchasing scenario
- b. Click the **Add Attachment** button to add the selected file to the list below

6. Click the **Check** button

NOTE: A list of errors will be identified at the top of the form. Corresponding fields will be highlighted **red**. Fields in error must be completed before the form can be saved. Fields that are not in error are inactive (gray) and are display only.

7. Click the **Save** button

NOTE: If changes are needed to a display only field at this step, click the **Back** button to activate changes to form fields.