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| State of WisconsinDepartment of Administration Division of Enterprise OperationsDOA-3060 (07/2025)s. 16.705(2), Wis Stats |  | State Bureau of Procurement101 East Wilson Street, 6th FloorPost Office Box 7867Madison, WI 53707-7867Fax (608) 267-0600TTY (608) 267-9629https://vendornet.wi.gov/ |

JUSTIFICATION FOR USE OF IT CONTRACTED PERSONNEL

LOCATED OUTSIDE THE STATE OF WISCONSIN

**NOTICE:** This is a Required Form for use of Contractors under the IT VMS Contract, 505ENT-M21-SERVICESIT-01, operating outside of Wisconsin state lines.

Please route the documents for approval within your agency as defined by your agency policy.

Submit approved documents to the State Bureau of Procurement, DOADEOITVMScontract@wisconsin.gov, within 5-7 business days of the contractor’s start date.

|  |
| --- |
| **CONTRACTOR INFORMATION** |
| Contractor Name |       |
| Contractor Title  |       |
| City & State of Residence |       |
| Request For Service # (RFS#) |       |
| Hiring Manager  |       |
| Cost Benefit Analysis # |       |
| Supplier Company  (Representing Contractor on RFS) |       |
| **JUSTIFICATION** |
|  |
| **Section 1.** List the failed in-state RFS# and provide a brief description as to why it failed. |
|       |
|  |
| **Section 2.**  Is this contractor: [ ] New [ ] Rate Increase[ ] Title Change[ ] Other, Describe:  |
|       |
| SIGNATURES |
| **Originator’s Name**  | **Date**  | **Signature**  |
|       |       |  |
| **Authorized Agency Approver** | **Date** | **Signature** |
|       |       |  |

This document can be made available in alternate formats to persons with disabilities, upon request.