|  |  |  |
| --- | --- | --- |
| State of Wisconsin  Department of Administration  Division of Enterprise Operations  DOA-3060 (07/2025)  s. 16.705(2), Wis Stats |  | State Bureau of Procurement  101 East Wilson Street, 6th Floor  Post Office Box 7867  Madison, WI 53707-7867  Fax (608) 267-0600  TTY (608) 267-9629  https://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](mailto: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.