

PTS Request Form

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| Fiscal Year: | |
| Department: | |
| Procurement Type: | |
| Title: | |
| Lease Number (if applicable): | |
| Agency Contact: | |

[Upon completion, email to Policy & Oversight at DOA.OPPM.PolicyOversight@alaska.gov](mailto:DOA.OPPM.PolicyOversight@alaska.gov)

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| PTS#: | |
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