



**Office of Consumer Credit Commissioner**  
 2601 North Lamar Boulevard  
 Austin, TX 78705-4207  
 Purchase Request Form

Directions: Use this form to request items not already available through supply. Requestor should complete and sign the form and forward it to their supervisor. Upon supervisor approval, the form will be forwarded to the chief accountant. Upon approval by the chief accountant, the form will be forwarded to the purchaser. A request may be denied at any level. The requestor may ask to receive a copy of the completed form showing the purchase order number and date of issue.

Recommended Vendor

Alliance Work Partners

Address: website: www.awpnow.com Phone: 800-343-3822  
Attn Misty Martin mmartin@alliancewp.com Fax: 512-345-5366

Class	Item	Product number and/or brief description	Quantity	Cost per unit	Extension
952	38	Full service EAP to include 2hrs training, 1-6 counseling	1	\$4,500.00	\$ 4,500.00
		sessions, LawAccess,HelpNet,WellCoach, WorkLife Services			\$ -
		SafeRide			\$ -
		For FY24 from 9/1/23 thru 8/31/24			\$ -
<b>Total</b>					<b>\$ 4,500.00</b>

Reason for request: AWP supports management by increasing productivity and retention, reducing abesnteeism and managing health care cost. AWP offers a full range of professional leadership, managerial and wellness training programs for OCCC

**Detail Description (REQUIRED if not indicated above):** employees as well as employee family members within household

Requestor: Alexandra Jones *AJ* Date: 08/30/23  
 Department: for Human Resources Phone: 512-936-7640

**Approval**

Department Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Accounting Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
 Purchaser: Lori Tooley Date: 08/31/2023  
 PO Number Issued: 24-005 Date: 08/31/2023  
 PCC Code: E

Accounting Only: Comp Objt: \_\_\_\_\_ **AY:** \_\_\_\_\_