

SUBAWARD BRUINBUY REQUISITION SETUP

Revised July 8, 2022

BACKGROUND

This chapter assumes a basic understanding of how to use/navigate BruinBuy (BB). It is intended to provide subaward specific instructions only. For more detailed BruinBuy training, go to [BruinBuy Classes](#).

STEPS IN BRUINBUY

1. Log into [BruinBuy](#)
2. Create a "Special Request/Non-Catalog" order

The screenshot shows the BruinBuy dashboard. In the 'Orders' section, the 'Create' tab is active, and the 'Special Request / Non-Catalog' link is highlighted with a red box labeled '2'. In the left sidebar, the 'BruinBuy How To Documents' link is highlighted with a red box labeled '3b'.

3. Search Vendor Name & select Address that matches the subawardee's remittance address
 - a. Obtain remittance address directly from Subawardee's Administrative contact. BB Vendor address should be exactly the same as #9 on the [OCGA/Purchasing Subaward Checklist](#).
 - b. If exact address does not exist in BB, follow instructions in "How to...VCK – Submit a New Vendor Setup Request" in BB How To Documents.

The screenshot shows the UCLA OCGA Subaward Checklist form. A red box labeled '3a' points to the 'Subrecipient Name & address of person to whom payment should be sent' field. Another red box labeled '3b' points to the 'BruinBuy How To Documents' link in the BruinBuy sidebar.

Vendor Search

Done

Search
Favorites

Search by: Long Name Short Name Tax ID

Search For: yaleuniv

Search Clear

Results

Displaying: 21 - 30 / 74

VCK Val	Vendor Name	Address	City	State	Zip	Action
007473033	YALE UNIVERSITY YALEUNIV	UNDERGRADUATE CAREER SERVICES	NEW HAVEN	CT	06510	
007473034	YALE UNIVERSITY YALEUNIV	UNDERGRADUATE CAREER SERVICES	NEW HAVEN	CT	06510	
007473035	YALE UNIVERSITY YALEUNIV	STERLING MEMORIAL LIBRARY	NEW HAVEN	CT	06520	
007473037	YALE UNIVERSITY YALEUNIV	DEPARTMENT OF PSYCHOLOGY	NEW HAVEN	CT	06520	
007473041	YALE UNIVERSITY YALEUNIV	OFFICE OF ENVIRONMENTAL HEALTH & SAFETY	NEW HAVEN	CT	06510	
007473042	YALE UNIVERSITY YALEUNIV	RADIOBIOLOGY LABORATORIES	NEW HAVEN	CT	06520	
007473045	YALE UNIVERSITY YALEUNIV	GRANT AND CONTRACT ADMINISTRATION	NEW HAVEN	CT	06520	
007473050	YALE UNIVERSITY YALEUNIV	DNA ANALYSIS FACILITY ON SCIENCE HILL	NEW HAVEN	CT	06520	
007473055	YALE UNIVERSITY YALEUNIV	LEITNER PROGRAM IN INTERNATIONAL AND	NEW HAVEN	CT	06520	
007473056	YALE UNIVERSITY YALEUNIV					

Displaying: 21 - 30 / 74

Notice there are 74 addresses already set up in BB for this vendor. To double check full address, search in "Vendor Lookup" from BB home screen then write down/use appropriate Vendor Key (VCK). Make sure to select the correct VCK otherwise payment may be lost or delayed.

4. After clicking on green check bubble for appropriate VCK, thoroughly complete the Special Request / Non-Catalog screen. See below for sample & pointers.
- Class of Order – subawards are **always** "R" for requisition
 - PAN Subject – suggest entering: **Cost Center/Fund/Name of Subawardee**
 - CC Self – **check** to receive a copy of the requisition to file with Subaward documents
 - FAU
 - Project Code: Enter abbreviation for Subawardee
 - Sub: Always **Sub 07**
 - Object Code: Especially important if **F&A is Modified Total Direct Cost (MTDC)**
 - If **1st year** total cost budget for subaward is **\$25,000 or less**, enter **7310**.
 - If **1st year** total cost budget for subaward **greater than \$25,000**, enter **7300**.
 - If subaward's 1st year total cost budget is greater than \$25,000, check "Apply FAU to All Lines (except lines with FAU locked)?"

Special Request / Non-Catalog

Requisition Header (C10) One Time Payee (B10) Email Header/Lines

Save Reset Attachments Preview Submit Review Distributions Approval Preview Submit

Shopping Cart Name: RUJANURUKS, CATHERINE/2-5274961

Vendor Name: YALE UNIVERSITY

*Dept Code: 1553 - MEDICINE-CAR

*Dept Contact Login: BICVR

*Dept Contact Phone: 310-206-6287

Base Agreement:

*Vendor Number: 007473045

*Class of Order: R

*Requester: DR. FOGELMAN

CC Self: ☒

Override Reason:

*PAN Subject: AF/31234 YALE SUBAWARD

*Requester Phone: 310-825-6058

Order Date: 10/24/2013

Additional Info:

Bill To & Ship To:

Acct Date: 10/24/2013

Loc: 4 Acct: 441353 CC: AF Fund: 31234 Project: YALE Sub: 07 Object: 7300

Apply FAU to All Lines (except lines with FAU locked)? ☒ Default Split FAU Distribution:

Start from line: Go

ADMINISTRATIVE USE ONLY

Object Code	Applicable Subs 03 04 05 07 08 09 9H	Restrictions	Object Code Title	Description
7300	X - X X X - -	ALLOWABLE	SUBCONTRACTS > \$25K, EXCL FROM OH	
7310	X - X X X - -	ALLOWABLE	SUBCONTRACTS < \$25K	

e. Line Details:

i. Line 1

- LineCD: COM
- Description:

SUBAWARD FOR THE PROJECT TITLED: _____

BUDGET PERIOD: _____

FUNDING FOR STATED PERIOD: \$ _____

PRINCIPAL INVESTIGATORS:

UCLA: _____

SUBAWARDEE NAME: _____

SPONSOR: _____

CFDA: _____

AWARD #: _____

TERMS AND CONDITIONS OF THE ATTACHED AWARD DOCUMENT ARE INCORPORATED HEREIN BY REFERENCE.

****CFDA # also may be called Assistance Listing # (#15 in NIH NOA). Ex. 93.885****

ii. Line 2

1. Line Amt: _____, if subaward is over \$25K, enter exactly \$25,000.00. If less than \$25K, enter full the subaward total.

2. LineCD: SVS

3. TaxCD: E

4. Exempt: N

5. Description:

THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE ITEMS FOR UCLA ADMINISTRATIVE PURPOSES ONLY. THE TOTAL FUNDING FOR THE BUDGET PERIOD _____ IS SPECIFIED ABOVE.

6. FAU Distribution Pie – do only if 1st year total cost budget for subaward greater than \$25,000. If 1st year TC budget is \$25K or less, skip this step.

a. Click lock icon  →  to lock

b. Click color pie  to change Object Code for *this FAU only* to 7310

c. Save/Close

Shop Item FAU Distribution

Review Distributions Save Save/Close Cancel

☒ Lock distribution for this line?

Quantity	Unit	Item Description	Manufacturer	Supplier	Supplier Part Number	Unit Price (USD)	Line Amount (USD)
EA		THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE ITEMS FOR UCLA ADMINIS...		No Supplier specified		\$0.00	\$25,000.00
Distribution Totals							
Distribution Method		Line Total	Distributed	Remaining			
Percent	100	100	0				
Distribution Preferences							
Pct	Loc	Acct	CC	Fund	Project	Sub	Object
1	100.000	4	441353	AF	31234	07	7310
2							

Source Reference Acc Date Actions

iii. Line 3 – only necessary if F&A is MTDC & 1st year total cost budget for subaward greater than \$25,000. If not MTDC, enter entire subaward amount to Line 2.

1. Line Amt: _____ (difference between sub total cost - \$25,000)

2. LineCD: SVS

3. TaxCD: E

4. Exempt: N

5. Description:

BALANCE OF FUNDING SPECIFIED ABOVE.

iv. Line 4 – required if subaward will last more than 1 year. If unsure, add anyways.

1. Line Amt: 1.00

2. LineCd: SVS

3. TaxCD: E

4. Exempt: N

5. Description:
FUNDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRIME SPONSOR.

Special Request / Non-Catalog

Requisition Header (C10) | One Time Payee (B10) | Email | Header/Lines

Save | **Reset** | **Attachments** | Preview Submit | Review Distributions | Approval Preview | Submit

Shopping Cart Name: **RUANURUKS, CATHERINE/2-5274961**

Vendor Name: **YALE UNIVERSITY** | Vendor Number: **007473045**
 *Dept Code: **1553 - MEDICINE-CARD** | *Class of Order: **R**
 *Dept Contact Login: **BICYR** | *Requester: **DR. FOGELMAN**
 *Dept Contact Phone: **310-206-6287** | CC Self: ☒
 Base Agreement: | Override Reason: | PAN Subject: **AF/31234 YALE SUBAWARD**
 Requirer Phone: **310-825-6058**
 Order Date: **12/6/2013**

Loc: **4** | Acct: **441357** | CC: **AF** | Fund: **31453** | Project: **YALE** | Sub: **07** | Object: **7300** | Source: | Reference: | Acct Date: **12/6/2016**

Apply FAU to All Lines (except lines with FAU locked)? ☒ | Default Split FAU Distribution:

Start from line: | Go | **4e**

Displaying: 1 - 5 / 5

Line#	Qty	UOM	Unit Price	Line Amt	Actions	LineCD	State	TaxCD	Rate	Exempt
1						COM	CA			
*Description SUBAWARD FOR THE PROJECT TITLED: UCLA CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE BUDGET PERIOD: 07/01/13-06/30/14 FUNDING FOR STATED PERIOD: \$100,000										
2				25000.00		SVS	CA	E		N
*Description THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE ITEMS FOR UCLA ADMINISTRATIVE PURPOSES ONLY. THE TOTAL FUNDING FOR THE BUDGET PERIOD 07/01/13-06/30/14 IS SPECIFIED ABOVE.										
3				75000.00		SVS	CA	E		N
*Description BALANCE OF FUNDING SPECIFIED ABOVE.										
4				1.00		SVS	CA	E		N
*Description FUNDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRIME SPONSOR.										

4eii6 →

f. Additional Info – click to go to “Special Request” screen to **check “Receiving Required?”**

Special Request

Save | Cancel | **4f**

Receiving Required?: ☒ | Delivery Date: **10/24/2013** | Required Date: **10/24/2013**
 Mail Check To Dept?: ☐ | Mail Check To Dept Code: | Mail Check To Attention Name: |
 DocToAP: **I - Invoice** | FOB Code: **00**
 1099 Flag?: ☐ | 1099 Code: |

5. Add attachments – Subaward Checklist plus any applicable documents below:

VII. REQUIRED DOCUMENTS *(Required documents that are incomplete or missing WILL DELAY review and processing.)*

Required for All Subawards	Required as Applicable
<input type="checkbox"/> Completed UCLA Subaward Checklist (this form)	<input type="checkbox"/> Subrecipient IRB Approval (if working with human subjects)
<input type="checkbox"/> UCLA Subrecipient Commitment Form OR UCLA Letter of Intent (LOI to be used for FDP Expanded Clearinghouse Members only)	<input type="checkbox"/> Subrecipient IACUC Approval (if working with animal subjects)
<input type="checkbox"/> UCLA Subrecipient vs Contractor Determination Form	<input type="checkbox"/> Subrecipient Stem Cell Approval (if working with stem cells)
<input type="checkbox"/> Subrecipient Statement of Work	<input type="checkbox"/> Subrecipient Line Item Cost Share Budget and Justification (if cost share indicated in Section V above)
<input type="checkbox"/> Subrecipient Line Item Budget and Justification	If indicated by Subrecipient Commitment Form:
<input type="checkbox"/> Applicable UCLA OCGA Award Snapshot	<input type="checkbox"/> Subrecipient Federal Indirect Cost Rate Agreement
	<input type="checkbox"/> Subrecipient Federal Fringe Benefits Rate Agreement
	<input type="checkbox"/> PHS Financial COI Disclosure Form (if no PHS FCOI policy)
	<input type="checkbox"/> Subrecipient Most Recent UG Audit (copy of or hyperlink to)
	<input type="checkbox"/> Certificate of Compliance (if UG Audit has findings)
	<input type="checkbox"/> Financial Audit Management Questionnaire (if no UG audit)
	<input type="checkbox"/> UCLA Fair & Reasonable Cost Analysis (For-Profit subrecipients)

☐ **New:** Required Documents were submitted **complete** to OCGA at proposal stage. There are no changes or updates, except as attached [for example, if applicable: revised scope of work and/or budget; subject use approvals; Financial Audit Management Questionnaire; etc].

☐ **Amendment:** Required Documents were submitted to the OST for a previous action. There are no changes or updates, except as attached [for example, if applicable: revised scope of work and/or budget; subject use approvals; etc].

Special Request / Non-Catalog

Attachments

No attachments.

Special Request / Non-Catalog

Attachments > New

File Name

Browse...

Supporting documentation for typical purchase of:**Goods**

- ☐ Quote
☐ Sole Source Justification
☐ Other
- ☐ Bid Specification
☐ Other Quotes for Price Reasonableness
☐ CapEquip Loan Request Form

Other

- ☐ Vendor Documents
☐ Insurance Certificate
☐ Special Approvals
☐ Other
- ☐ Budget
☐ Conflict of Interest
☐ Small Business Solicitation Form

Services

- ☐ Scope of Work **(required)**
☐ Bid Specification
☐ IRS Pre-hire Worksheet (for individuals)
☐ Independent Contractor / Consultant Form (for individuals)
☐ Other
- ☐ Quote **(required)**
☐ Sole Source Justification
☐ Resume/CV (for individuals)
☐ Foreign Source Income Form (for individuals)

Subcontracts

- ☐ Subcontract Checklist **(required)**
☐ Scope of Work **(required)**
☐ Waiver Approval **(required)**
☐ Deliverables
☐ Sole Source Justification
☐ Foreign Source Income (either individuals or business entities)
- ☐ Budget & Budget Justification **(required)**
☐ Award Snapshot **(required)**
☐ Price Reasonableness Document
☐ Milestone Payment Schedule
☐ Small Business Solicitation
☐ Other

Document Notes

6. Click "Preview Submit" & "Review Distributions" to confirm all data entered is correct

Special Request / Non-Catalog

Requisition Header (C10)

One Time Payee (B10)

Email

Header/Lines

Preview Submit

Close

1

Vendor (Vendor ID)	Base Agreement	PAN Subject	Class Of Order	Requester (Phone)	Dept. Contact Login (Phone)	FOB Code	Dept. Code	Doc To AP	Receiving	Override Reason	1099 Code	Check to Dept.
YALE UNIVERSITY (007473045)		AF/31234 YALE SUBAWARD	R	DR. FOGELMAN (310-825-6058)	BICVR (310-206-6287)	00	1553	Invoice	Required: No Delivery: 12/06/2013 Required By: 12/06/2013			Code: Name:
Ship To		156569 550 Charles E Young Drive South Medical Receiving CHS Room 32-115 Los Angeles, CA 900951763	RUJANURUKS, CATHERINE		CRUJANURUKS@MEDNET.UCLA.EDU		310-206-6287		310-794-7988		1565 - Administration	
Bill To		10920 Wilshire Blvd. 5th Floor Los Angeles, CA 90024	Accounts Payable		ap@finance.ucla.edu		310-794-0197		310-794-8513			

Email Recipients

Name	Address
RUJANURUKS, CATHERINE	CRUJANURUKS@MEDNET.UCLA.EDU

Items

Line #	Description	Supplier Part Number	Unit	Quantity	Price	Line Amount	Description on Check	Component of an asset
2	Comment: SUBAWARD FOR THE PROJECT TITLED: UCLA CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE BUDGET PERIOD: 07/01/13-06/30/14 FUNDING FOR STATED PERIOD: \$1,000,000 THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE ITEMS FOR UCLA ADMINISTRATIVE PURPOSES ONLY. THE TOTAL FUNDING FOR THE BUDGET PERIOD 07/01/13-06/30/14 IS SPECIFIED ABOVE.							
			EA			\$25000.00		N

Distributions

PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date
100.0	4	441357	TL	31453	YALE	07	7300			12/5/2016

3	BALANCE OF FUNDING SPECIFIED ABOVE.							
---	-------------------------------------	--	--	--	--	--	--	--

Distributions

			EA					\$750000.00		N
--	--	--	----	--	--	--	--	-------------	--	---

PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date
-----	-----	---------	----	------	---------	-----	--------	--------	-----------	-----------

Special Request / Non-Catalog Requisition Header (C10) One Time Payee (B10) Email Header/Lines

Review Distributions

Close

Apply to the entire order (except lines with FAU locked)
Yes

Header Distributions											
Distribution Number	PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date
1	100	4	441357	TL	31453	YALE	07	7300			12/6/2016

Line Number	Distribution Lock	Description
2	Unlocked	THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE ITEMS FOR UCLA ADMINISTRATIVE PURPOSES ONLY. THE TOTAL FUNDING FOR THE BUDGET PERIOD 07/01/13-06/30/14 IS SPECIFIED ABOVE.

Distribution Number	PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date
1	100	4	441357	TL	31453	YALE	07	7300			12/6/2016

3	Unlocked	BALANCE OF FUNDING SPECIFIED ABOVE.
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Distribution Number	PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date
1	100	4	441357	TL	31453	YALE	07	7300			12/6/2016

4	Unlocked	FUNDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRIME SPONSOR.
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Distribution Number	PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date
1	100	4	441357	TL	31453	YALE	07	7300			12/6/2016

7. Submit

8. Print out a copy of the PAN notification for the Subaward files. See below for sample:

Post Authorization Notification Detail**Doc ID:** 1553RPA12300**Employee:****Action/Subject:** AF/31234 YALE SUBAWARD**Date:** 07/11/2011 4:11 PM**Preparer:** C. Y. RUJANURUKS**Phone:** (310) 2066287**Email:** CRUJANURUKS@MEDNET.UCLA.EDU**Comments****General Information*******
*FUND OVERRIDE REASON: SUFFICIENT FUNDS

LOC	ACCOUNT	CC	FUND	PROJECT	SUB	OBJECT	SOURCE	AMOUNT	TRANS DT
4	441353	AF	31234	YALE	07	7310		\$25,000.00	07/11/11
4	441353	AF	31234	YALE	07	7300		\$75,001.00	07/11/11
								ORDER TOTAL	\$100,001.00

PAC ORDER NBR 1553 R PA123 00
 ORDER DATE..... 07/11/11
 VENDOR NBR..... 007473 045
 VENDOR NAME/ADDRESS YALE UNIVERSITY
 GRANTS & FINANCIAL ACCOUNTING
 47 COLLEGE ST STE 203
 NEW HAVEN, CT 06520-8337

REQUESTOR NAME..... DR. FOGELMAN
 REQUESTOR NBR... 310-825-6058
 DEPT CONTACT/NAME... BICYR / RUJANURUKS, CATHERINE
 DEPT CONTACT NBR... 310-206-6287
 APPROVER / NAME.... BICYR / RUJANURUKS, C. Y.
 DOC. TO AP..... I
 RECEIPT AUTH..... Y
 BRUINBUY TRANS ID.. 4109197

ITEM	QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL PRICE
1				

SUBAWARD FOR THE PROJECT TITLED: UCLA CLINICAL AND
 TRANSLATIONAL SCIENCE INSTITUTE
 BUDGET PERIOD: 07/01/13-06/30/14
 FUNDING FOR STATED PERIOD: \$100,000

KEY PERSONNEL:
 UCLA: ALAN FOGELMAN
 YALE: JOHN SMITH

SPONSOR: NIH/NCRR
 CFDA: 93.389

AWARD #: 1 UL1 RR033168-01

TERMS AND CONDITIONS OF THE ATTACHED SUBAWARD DOCUMENT
 ARE INCORPORATED HEREIN BY REFERENCE.

2			\$25,000.00	
THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE ITEMS FOR UCLA ADMINISTRATIVE PURPOSES ONLY. THE TOTAL FUNDING FOR THE BUDGET PERIOD 06/01/11-02/29/12 IS SPECIFIED ABOVE.				
3			\$75,000.00	
BALANCE OF FUNDING SPECIFIED ABOVE.				
4			\$1.00	
FUNDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRIME SPONSOR.				

REQ/PROMISE DATE... 07/11/11 / 07/11/11
 DELIVER TO..... RUJANURUKS, CATHERINE
 310-206-6287
 SHIP TO..... UCLA MED-NANO
 650 CHARLES E YOUNG DRIVE SOUTH
 MEDICAL RECEIVING
 ROOM 52-175 CHS
 LOS ANGELES, CA 90095
 F.O.B..... ORIGIN PREPAY & ADD
 SHIP VIA..... BST METHOD
 TERMS..... NET CASH, PAY IN THE NEXT

MAIL INVOICE TO....
CHECKRUN
UCLA
ACCOUNTS PAYABLE
10920 WILSHIRE BOULEVARD, 5TH
FLOOR
LOS ANGELES, CA 90024-6502

List of Reviewers

Name	Email	Phone	Type	Status
CATHERINE RUJANURUKS	CRUJANURUKS@MEDNET.UCLA.EDU	(310) 2066287	Added by Preparer	Sent
RAELLEN MAN	RMAN@MEDNET.UCLA.EDU	(310) 8258112	Mandatory Reviewer	Read