

# SUBAWARD BRUINBUY REQUISITION SETUP

Revised November 15, 2018

## 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



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.

Print Form

**OCGA/PURCHASING SUBAWARD CHECKLIST**  
(USE FOR ALL NEW OR AMENDED SUBAWARDS ISSUED BY UCLA)

*FAX ALL REQUIRED BACKUP DOCUMENTATION TO EFAX 310 564-7562  
or email to: ocgasubawards@research.ucla.edu*

*Fund(s) must be properly allocated before posting the requisition  
(Transactions exceeding \$100,000 require General Accounting's validation)*

NEW SUBAWARD (Complete all information)       AMENDMENT and/or CHANGE ORDER TO CURRENT SUBAWARD (Complete boxes 1-4 and any other items that will change)

**UCLA INFORMATION**

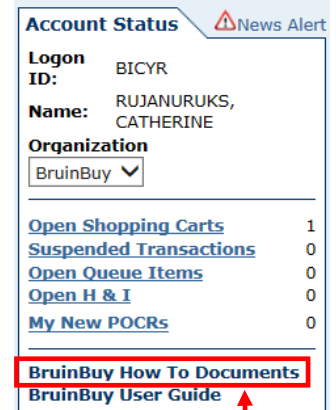
1. UCLA Requisition or Purchase Order # \_\_\_\_\_ Amendment # \_\_\_\_\_
2. UCLA PI \_\_\_\_\_
3. UCLA Department \_\_\_\_\_ Dept Contact \_\_\_\_\_ Ext: \_\_\_\_\_
4. UCLA Account & Fund No \_\_\_\_\_ 4a. For mailing purposes only: Recharge ID \_\_\_\_\_
5. Award number of the UCLA Grant/Cooperative Agreement \_\_\_\_\_
6. Name & address of person to whom invoices should be sent:  
\_\_\_\_\_  
\_\_\_\_\_

**SUBAWARD INFORMATION**

7. Subrecipient Name: \_\_\_\_\_
8. Subrecipient Address: \_\_\_\_\_
9. Name & address of person to whom payment should be sent (Requisition VCK No. should match with payment address if the payment address is different from Subrecipient address on Item #8 above):  
\_\_\_\_\_  
\_\_\_\_\_

10. Subrecipient is:  Nonprofit Entity       For-Profit Entity

11. Subrecipient Administrative Contact: \_\_\_\_\_ Tel: \_\_\_\_\_
12. Subrecipient PI: \_\_\_\_\_ Subrecipient Department: \_\_\_\_\_
13. Subaward project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_
14. Budget period start date: \_\_\_\_\_ Budget period end date: \_\_\_\_\_
15. Funds obligated by this action: \_\_\_\_\_ Cumulative funding to date: (if applicable) \_\_\_\_\_



3a

3b

**Vendor Search**

Done

Search  
Favorites

Search by: Long Name Short Name Tax ID

Search For: yaleuniv

Search Clear

**Results**  
Displaying: 21 - 30 / 74

VCK Vol	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 LING	NEW HAVEN	CT	06520	
007473056	YALE UNIVERSITY YALEUNIV					

Displaying: 21 - 30 / 74

**Note:** 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.
  - a. Class of Order – subawards are *always* "R" for requisition
  - b. PAN Subject – suggest entering: **Cost Center/Fund/Name of Subawardee**
  - c. CC Self – **check** to receive a copy of the requisition to file with Subaward documents
  - d. FAU
    - i. **Project Code:** Enter abbreviation for Subawardee
    - ii. **Sub:** Always **Sub 07**
    - iii. **Object Code:** Especially important if **F&A is Modified Total Direct Cost (MTDC)**
      1. If **1<sup>st</sup> year** total cost budget for subaward is **\$25,000 or less**, enter **7310**.
      2. If **1<sup>st</sup> year** total cost budget for subaward **greater than \$25,000**, enter **7300**.
      3. If subaward's 1<sup>st</sup> 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: 310-266-6287  
 Base Agreement:

\*Vendor Number: 007473045  
 \*Class of Order: R  
 \*Requester: DR, ROSELMAN  
 CC Self:   
 Override Reason:

\*PAN Subject: AF/31234 YALE SUBAWARD  
 \*Requester Phone: 310-926-4058  
 Order Date: 10/24/2013

Additional Info:   
 Bill To & Ship To:

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 lines: [ ] Go

**Annotations:** 4a points to Vendor Number, 4b to PAN Subject, 4c to CC Self, 4d to Project/Sub/Object, 4f to Additional Info.

**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	<b>4diii</b>
7310	X - X X X - -	ALLOWABLE	SUBCONTRACTS < \$25K	

- e. **Line Details:**
  - i. Line 1
    1. LineCD: COM
    2. Description: **SUBAWARD FOR THE PROJECT TITLED: \_\_\_\_\_**  
**BUDGET PERIOD: \_\_\_\_\_**  
**FUNDING FOR STATED PERIOD: \$ \_\_\_\_\_**

**PRINCIPAL INVESTIGATORS:**

**UCLA:** \_\_\_\_\_

**SUBAWARDEE NAME:** \_\_\_\_\_

**SPONSOR:** \_\_\_\_\_

**CFDA:** \_\_\_\_\_




**AWARD #:** \_\_\_\_\_

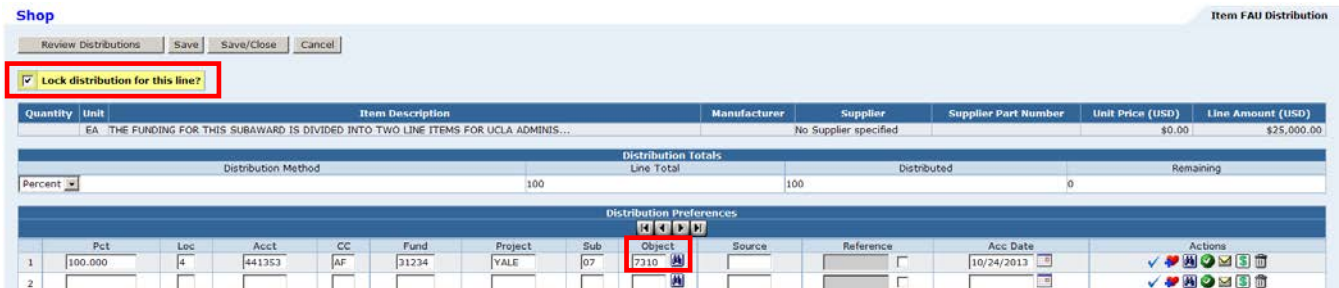
**TERMS AND CONDITIONS OF THE ATTACHED AWARD DOCUMENT ARE INCORPORATED HEREIN BY REFERENCE.**

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 *1<sup>st</sup> 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



iii. Line 3 – only necessary if F&A is MTDC & *1<sup>st</sup> 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 | **Attachments** | Preview Submit | Review Distributions | Approval Preview | Submit Shopping Cart Name: RUJANURUKS, CATHERINE/2-5274961

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

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			<input type="checkbox"/>
*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.										

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

**Special Request** Additional Information

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:

- ATTACH THE FOLLOWING DOCUMENTS (if applicable):**
- UCLA Award Snapshot
  - UCLA Subrecipient vs Contractor Determination
  - Subrecipient Commitment Form
  - Subrecipient Statement of Work
  - Subrecipient Budget and Justification
  - PHS FCOI form
  - Subrecipient IRB approval (if Human Subjects are used)
  - UCLA Fair & Reasonable Cost Analysis Form
  - Subrecipient IACUC approval (if animals subjects)
  - Subrecipient F&A (indirect cost) rate agreement (if subrecipient is not a university)

**Special Request / Non-Catalog** Attachments

Close | Delete All | **New**

No attachments.

Special Request / Non-Catalog

Attachments > New

Save Cancel

File Name  Browse... ?

Supporting documentation for **typical** purchase of:

**Goods**

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

**Other**

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

**Services**

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

**Subcontracts**

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

Document Notes

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

Special Request / Non-Catalog

Preview Submit

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

Close

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:
<b>Ship To</b>		150509 650 Charles E Young Drive South Medical Receiving CHS Room 32-115 Los Angeles, CA 900951763	Name		RUJANURUKS, CATHERINE	Email		Phone	Fax	Mail Stop		
<b>Bill To</b>		10920 Wilshire Blvd. 5th Floor Los Angeles, CA 90024	Name		Accounts Payable	Email		Phone	Fax			
<b>Email Recipients</b>												
Name					Address							
RUJANURUKS, CATHERINE					CRUJANURUKS@MEDNET.UCLA.EDU							
<b>Items</b>												
Line #	Description	Supplier Part Number	Unit	Quantity	Price	Line Amount	Description on Check	Component of an asset				
	<b>Comment:</b> 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											
2	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.											
<b>Distributions</b>												
PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date		
100.0	4	441357	TL	31453	YALE	07	7300			12/6/2016		
3	BALANCE OF FUNDING SPECIFIED ABOVE.											
<b>Distributions</b>												
PCT	Loc	Account	CC	Fund	Project	Sub	Object	Source	Reference	Acct Date		
								\$750000.00				

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



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

#### List of Reviewers

<b>Name</b>	<b>Email</b>	<b>Phone</b>	<b>Type</b>	<b>Status</b>
CATHERINE RUJANURUKS	<a href="mailto:CRUJANURUKS@MEDNET.UCLA.EDU">CRUJANURUKS@MEDNET.UCLA.EDU</a>	(310) 2066287	Added by Preparer	Sent
RAELLEN MAN	<a href="mailto:RMAN@MEDNET.UCLA.EDU">RMAN@MEDNET.UCLA.EDU</a>	(310) 8258112	Mandatory Reviewer	Read