Purchase Requisition

Tracking #:

Requisition #:
SDN:

Requestor:	**Alternate:**	**AO verifies record complete, receipts attached. Initials: _____**
Phone:	**Phone:**	
Email:	**Email:**	**AO Name:**

Item No.	Description	Part No.	Qty	Unit	Unit Cost	Extended Cost
1						
2						
3						
4						
5						
					Shipping and Handling:	
					Total Cost:	

Accounting Data (if utilizing multiple Job Order Numbers, indicate cost distribution):	**JON:**	**Amount:**
	JON:	**Amount:**

Justification for Requirement:

Mandatory Sources: Are the items you request above available from the following mandatory sources? Check Yes or No.			**Recommended Source:**
AbilityOne (www.jwod.gov)	Yes ☐	No ☐	**Point of Contact:**
DoD EMALL (www.emall.dla.mil)	Yes ☐	No ☐	**Phone / Fax / Email:**
UNICOR (www.unicor.gov)	Yes ☐	No ☐	**Justification of Source:**
GSA (www.gsaadvantage.gov) GSA Contract #	Yes ☐	No ☐	

Position/Function	Signature	Printed Name	Date
Requestor			
Requirement Validation			
Funds Authorization			
Special Approvals			
Facilities Manager			
Safety Manager			
IT Manager			
Approving Official			
Business Manager			
Cardholder as assigned (signature not required)			
Receiving Agent			
Certifies that these items were received and found satisfactory.		Partial: ☐	Complete: ☐

CH verifies record complete, receipts attached. Initials: _____