

PURCHASE REQUEST FORM

FROM: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
DATE REQUESTED: \_\_\_\_\_ DATE REQUIRED: \_\_\_\_\_

COMPLETE DESCRIPTION OF MATERIAL REQUIRED: (BE GENERAL)

1. DESCRIPTION: \_\_\_\_\_  
QTY REQUIRED: \_\_\_\_\_ U/I: \_\_\_\_\_ UNIT COST: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
REASON FOR REQUIREMENT: \_\_\_\_\_  
SOURCE OF SUPPLY: \_\_\_\_\_
2. DESCRIPTION: \_\_\_\_\_  
QTY REQUIRED: \_\_\_\_\_ U/I: \_\_\_\_\_ UNIT COST: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
REASON FOR REQUIREMENT: \_\_\_\_\_  
SOURCE OF SUPPLY: \_\_\_\_\_
3. DESCRIPTION: \_\_\_\_\_  
QTY REQUIRED: \_\_\_\_\_ U/I: \_\_\_\_\_ UNIT COST: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
REASON FOR REQUIREMENT: \_\_\_\_\_  
SOURCE OF SUPPLY: \_\_\_\_\_
4. DESCRIPTION: \_\_\_\_\_  
QTY REQUIRED: \_\_\_\_\_ U/I: \_\_\_\_\_ UNIT COST: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
REASON FOR REQUIREMENT: \_\_\_\_\_  
SOURCE OF SUPPLY: \_\_\_\_\_
5. DESCRIPTION: \_\_\_\_\_  
QTY REQUIRED: \_\_\_\_\_ U/I: \_\_\_\_\_ UNIT COST: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
REASON FOR REQUIREMENT: \_\_\_\_\_  
SOURCE OF SUPPLY: \_\_\_\_\_
6. DESCRIPTION: \_\_\_\_\_  
QTY REQUIRED: \_\_\_\_\_ U/I: \_\_\_\_\_ UNIT COST: \_\_\_\_\_ TOTAL: \_\_\_\_\_  
REASON FOR REQUIREMENT: \_\_\_\_\_  
SOURCE OF SUPPLY: \_\_\_\_\_

NAME OF REQUESTER: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> *FAIR AND REASONABLE                               | <input type="checkbox"/> Optional/Multiple FSS ( ) Single ( )   |
| <input type="checkbox"/> Required sources of supply have been screened.     | Multiple S/N: _____   |
| <input type="checkbox"/> No NSN or excess personal property was identified. | <input type="checkbox"/> Items not under schedule               |
| <input type="checkbox"/> -or-   | <input type="checkbox"/> Items available under FSS no. _____    |
| <input type="checkbox"/> NSN was identified from agency inventory           | Expires _____ MOL\$ _____                                       |
| <input type="checkbox"/> AAC allows local purchase.                         | <input type="checkbox"/> Government-Wide Commercial Credit Card |
| <input type="checkbox"/> KO waiver NSN per DFARS 208.                       | <input type="checkbox"/> Phone Order _____ Purchase             |
| <input type="checkbox"/> FPI/UNICOR   | <input type="checkbox"/> Over the counter _____ Payment         |
| <input type="checkbox"/> Not offered/Not-required for services.             | <input type="checkbox"/> Unpriced Order Authorization           |
| <input type="checkbox"/> Clearance attached.                                | <input type="checkbox"/> Non STD stock is suitable              |

ARE FUNDS AVAILABLE? \_\_\_\_\_  
PURCHASE/PROCUREMENT: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

RESEARCH COMPLETE \_\_\_\_\_

SIGNATURE OF MCPO/MMCO \_\_\_\_\_

DATE \_\_\_\_\_