OFFICE SUPPLIES, EQUIPMENT AND SUPPLY SYSTEM REQUEST

(Not Available through GSA)

(1) Request Control No.

Date Received _____

(2) From (Code)	(3) Signature, Point of Contact	(4) Typed Name, POC	(5) Bldg/Rm.	(6) Telephone	(7) Date of REQ.

(8) Item Number	(9) Description (Must give good description and specifications)	(10) Office Use Only	(11) Quantity	(12) Unit of Issue	(13) Unit Cost	(14) Total Cost
	Total					

(15) Recommended Source Supply (Company: POC, Address, Tel. No., Catalog and Page: - If Available)

(16) Justification (If this is renewal, indicate last years contract number.)

(17) Enclosure(s)

(18) Accounting Appropriation (If funds are being provided)

(19) Delivery Address	(20) Approving Official *(Title and Signature)*	(21) Date Signed

FOR OFFICIAL USE AND AS DIRECTED LATER

Date Req. Clkd In.	Buyer Req. Assigned	Date Assigned

Vendor Order Sent To

Purchase, Delivery and Call Number(s)

ACKNOWLEDGEMENT/FOLLOW-UP

To (POC)	Expected Delivery Date

Reasons for Delay Checked Below (Allow extra time for orders exceeding

Back Ordered	☐	
Advertised	☐	
Lack of Funding	☐	

RECEIVING DOCUMENTATION

Receiving	☐	Partial	☐	Partial	☐	Partial	☐	Final
Signature							Date	
Originator	☐	Partial	☐	Partial	☐	Partial	☐	Final
Signature							Date	

NAVAIR 10460/13 (11-89)