

FROM:	PURCHASE REQUEST	TO:
Name of Originator		FUNDS CERTIFICATION
		I certify that funds for this procurement are properly chargeable to the allotment set forth below and are within currently approved program limits
Preparation Date	Extension	Funds Total Date
Name & Title of Authorizing Officer		Signature
Signature	Date	

DESCRIPTION			
Item No.	NSN Nomenclature, Specifications, Etc.	Quality	Unit

Program No	Purchase Request Number	Amendment No.	Ordering/Delivery Period
IMM PR CONTROL RECORD			LOCATION
Control No.	PR Line Items Counted	Scheduled Days	