

REQUEST FOR PURCHASE OF ADPE/T BY CREDIT CARD
(under \$2,500)

REQUISITION NUMBER: DESC-DC-

DATE:

TO: DESC-DC

FROM:

DATE DESC-DC RECEIVED:

DESCRIPTION (If more than one item, please attach list):

QTY:

EST. COST:

TOTAL COST:

ROUTINE

URGENT (Provide Justification)

COOR CM: _____

REASON FOR REQUEST:

SUGGESTED SOURCE, IF KNOWN(name, address, POC, and telephone number)

POINT OF CONTACT AND ADDRESS FOR DELIVERY:

AGENCY INVENTORY

EXCESS FROM OTHER AGENCIES

UNICOR

NIB/NISH

GSA/CONTRACT

MANDATORY FSS/OPTIONAL USE FSS

OPEN MARKET (Item(s) not sold/stocked by the above)

COST CODE: P

CONFIRMATION/ORDER#:

CREDIT CARD APPROVING OFFICIAL DATE

APPROVING AUTHORITY DATE
DIRECTOR, INFORMATION SYSTEMS