REQUEST FOR PURCHASE OF ADPE/T BY CREDIT CARD

(under $2,500)

REQUISITION NUMBER: DESC-YF-

DATE:

FROM:

TO: DESC-J6FM

DATE DESC-J6FMP RECEIVED:

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

QTY:

EST. COST:

TOTAL COST: 0.00

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:

☐ AGENCYINVENTORY

☐ UNICOR

☐ GSA/CONTRACT

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

☐ EXCESS FROM OTHER AGENCIES

☐ NIB/NISH

☐ MANDATORY FSS/OPTIONAL USE FSS

COST CODE: P

CONFIRMATION/ORDER#:

CREDIT CARD APPROVING OFFICIAL

DATE

APPROVING AUTHORITY

DATE

DESC 2.5A, OCT 02