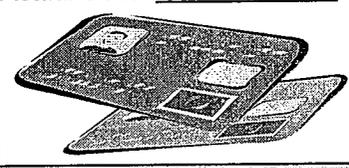


Simple

Requester's Name:		Document #:	Date:
Department & Section:		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
CO/DIR SIGNATURE (Necessary Expense rule IAW NAVSUPINST 4200.99B Chap 2.3) CO/DIR Print Name _____			
Description (make / model / pn / nsn)	QTY	U/I	Unit Price \$ Total Price \$
JUSTIFICATION FOR REQUEST (Attach additional sheet as needed)			
Vendor Name / Address / Telephone # / Contact Person		Deliver to: CMD / Unit / Name / address / Tel #	
Type of order Phone <input type="checkbox"/> Over the counter <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/>			
Screened sources of supply as required: (not required for Training requirements/ or if item is not E & IT for 508)			NOTES
Local Supply/Agency/Inventory	System Items	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Serv mart USMC	Base Serv Mart	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nib/Nish Ability One	http://jwod.gov	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Products DOD E MALL	https://emall6.prod.dodonline.net/main	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
GSA wholesale GSA	http://gsa.gov (has some training available)	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printing (DAPS)	http://www.daps.dla.mil	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training COTS -MUST BE ****	Commercial off the Shelf SF182 Required	YES	NO N/A
1. Is/Are the Item(s) on the prohibited list? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Will this purchase result in a "Split Buy"? <input type="checkbox"/> Yes <input type="checkbox"/> NO			
3. Have I rotated vendors for the same type of purchase? <input type="checkbox"/> Yes <input type="checkbox"/> NO			
4. Is this a Hazardous Material? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit all requisitions to the Hazmat Office to obtain waiver.			
5. Is this an Audio Visual/Visual Info/Cable Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach written approval from COMCAM with worksheet.			
6. Is this IT Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach written approval from G-6 or NMCI worksheet.			
7. Is this accountable property or a "pilferable" item ? <input type="checkbox"/> Yes <input type="checkbox"/> No Keep all items on a property log			
If yes, item must be recorded in accountable property log <input type="checkbox"/> Yes <input type="checkbox"/> No Is item pilferable?			
CARDHOLDER USE ONLY - ENSURE VENDOR IS SCREENED BEFORE MAKING PURCHASE. DOES VEN			
Total Price quoted includes all shipping charges	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Ordered: _____	
No Sales Tax or Credit Card Fees can be charged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Delivery	
Fill or Kill (NO BACK ORDERS).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	
Third Party Card processor prohibited (i.e. PayPal)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: _____	
Charges cannot be processed prior to delivery.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Cost: _____	
Required signatures prior to purchase:			
Cardholder	_____	Date	
	Print name, title and sign		
Funds approved by:	_____	Date	
	Print name, title and sign		
	_____	Date	
	Print name, title and sign		
Required signatures after the purchase:			
Received by:	_____	AO Verification of Sales Receipt/Invoice and Receipt/Acceptance:	
	Print name, title and sign		Date



Requester's Name: BARBARA LOVING Document #: M9300 Date: 1/30/2012
 Department & Section: RCO-NCR PRIORITY EMERGENCY ROUTINE

CO/OIR SIGNATURE (Necessary Expense rule IAW NAVSUPINST 4200.99B Chap 2.3) CO/DIR Print Name _____

Description (make / model / pn / nsn)	QTY	U/I	Unit Price \$	Total Price \$
BOOK- NAVSUPINST 4200.99B	1		100	100
IF ORDERING MORE THEN ONE LINE ITEMS ON SHEET UTILIZE ATTACH DOC				
SAMPLE- SAY- SEE ATTACHED & SEND WITH RCO WORKSHEET				

JUSTIFICATION FOR REQUEST (Attach additional sheet as needed)
 NEEDED FOR GCPC BRANCH REGULATIONS FOR CONTRACT SPEC

Vendor Name / Address / Telephone # / Contact Person Deliver to: CMD / Unit / Name / address / Tel #
 BOOKS INC 555-1212 MR. JONES

Type of order Phone Over the counter Internet Other
 Screened sources of supply as required: (not required for Training requirements/ or if item is not E & IT for 508) NOTES

Local Supply/Agency/Inventory	System Items	Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DO NOT JUST PRECHECK BLOC
Local Serv mart USMC	Base Serv Mart	Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Nib/Nish Ability One	http://jwod.gov	Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Office Products DOD E MALL	https://emall6.prod.dodonline.net/main	Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
GSA wholesale GSA	http://gsa.gov (has some traning avaiable)	Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Printing (DAPS)	http://www.daps.dia.mil	Available?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Training COTS -MUST BE ****	Commercial off the Shelf SF182 Requried	YES	NO N/A X	

1. Is/Are the Item(s) on the prohibited list? YES NO
2. Will this purchase result in a "Split Buy"? Yes NO
3. Have I rotated vendors for the same type of purchase? Yes NO
4. Is this a Hazardous Material? Yes No If yes, submit all requisitions to the Hazmat Office to obtain waiver.
5. Is this an Audio Visual/Visual Info/Cable Service? Yes No
If yes, attach written approval from COMCAM with worksheet.
6. Is this IT Equipment? Yes No If yes, attach written approval from G-6 or NMCI worksheet.
7. Is this accountable property or a "pilferable" item? Yes No Keep all itmes on a property log
If yes, item must be recorded in accountable property log Yes No Is item pilferable?

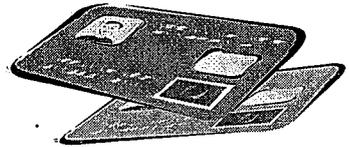
CARDHOLDER USE ONLY - ENSURE VENDOR IS SCREENED BEFORE MAKING PURCHASE. DOES VEN

Total Price quoted includes all shipping charges	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
No Sales Tax or Credit Card Fees can be charged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fill or Kill (NO BACK ORDERS).....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Third Party Card processor prohibited(i.e. PayPal)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Charges cannot be processed prior to delivery.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Required signatures prior to purchase:

Cardholder	JOHN DOE	1/29/2013	Date
Funds approved by:	KAREN LACKS	1/29/2013	Date
AO approval:	NANCY SULLIVAN - date before purchase or same date	1/29/2013	Date

Date Ordered: 1/29/2013
 Estimated Delivery Date: 1/29/2013
 Date Received: 2/2/2013
 Actual Cost: \$100.00



Required signatures after the purchase:

Received by:	LISA DICKERSON	2/2/2013	Date	AO Verification of Sales Receipt/Invoice and Receipt/Acceptance:	NANCY SULLIVAN	2/2/2013	Date
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INVOICE

INVOICE NO 33

Far Company

ITEM- Far-

QUANTITY- 1

UNIT PRICE 100.00

TOTAL PRICE 100.00

Ch must have an itemed invoice from the company. Allot of times you will also have a packing slip. Save all documents that come with the purchase.
