

RESET FORM

REQUEST FOR SUPPLIES AND SERVICES

(For use of this form, see USACC PAM XX-XX (pending). Proponent agency is ATCC-LMA.

1. ACTIVITY: Name of your school		2. REQUEST DATE: 05/19/2016	3. UNIT DODAAC: Your DODAAC		4. DELIVERY DATE: date payment is due
5. LOCAL PURCHASE AUTHORITY: CCR 145-2		6. QUANTITY: how many	7. UNIT OF ISSUE: NA	8. UNIT PRICE: Same as 9	9. TOTAL PRICE: Not exceed 2,500

10. DESCRIPTION OF SUPPLIES OR SERVICES:

Dry Clean

20 blue ASU pants at \$1.25 per pant
20 blue ASU jackets at \$1.25 per jacket
20 shirts (grey) \$1.25 per shirt

Reimburse by credit card *****NO TAX*****

11. REQUIRED FOR AND/OR SPECIAL INSTRUCTIONS:
Your name, email address and phone number

12. RECOMMENDED SOURCE: Peaches Cleaners 111 Rock Street Bulaville, NC 21111 Tax ID # Phone # 777-777-777 POC: Ms. Sue DUNS: _____ CAGE: _____	13. SHIP TO LOCATION: Schools complete address
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14. FUND CITE AND BUDGET ANALYST SIGNATURE:

15. POINT OF CONTACT AND PHONE NUMBER: Your name, phone number and signature	16. COMMANDER AND/OR DIRECTOR APPROVAL (SIGNATURE):
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17. ADDITIONAL APPROVAL (SJA):	18. ADDITIONAL APPROVAL (PBO):
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19. ADDITIONAL APPROVAL:	20. ADDITIONAL APPROVAL (GPC BILLING OFFICIAL):
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21. HAND RECEIPT HOLDERS NAME, UIC AND SIGNATURE:	22. REQUISITION NUMBER:
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INSTRUCTIONS FOR REQUEST FOR SUPPLIES AND SERVICES

1. Activity: Full name of location, i.e., USACC G4/8 Fort Knox.
2. Request Date: Self-explanatory.
3. Unit DODAAC: Self-explanatory.
4. Delivery Date: Date product or service needed by.
5. Local Purchase Authority: Regulation, CTA, TDA that authorizes the purchase.
6. Quantity: Self-explanatory.
7. Unit of Issue: Each, pack, day, etc.
8. Unit Price: Individual price of item or service.
9. Total Price: Total price of entire requirement.
10. Description of Supplies or Services: Enter nomenclature (i.e., shirt, short sleeve, green).
11. Required For and/or Special Instructions: Explain what the requirement is for and any special instructions that are required.
12. Recommended Source: Enter name and address of recommended source and any other known sources.
13. Ship to Location: Indicate where the product will be shipped to or where the service will be performed.
14. Fund Cite and Budget Analyst Signature: Budget analyst must provide a line of accounting and sign and date the form indicating that funds are available for the requirement.
15. Point of Contact and Phone Number: Individual who has the information available concerning the requirement.
16. Commander and/or Director Approval (Signature): Signature of Director, Commander, or designee required.
17. Additional Approval (SJA): Signature required for CRR review.
18. Additional Approval (PBO): Signature required for purchase of accountable items.
19. Additional Approval (Manpower): Signature required for CAAS requirements.
20. Additional Approval If Required: Any additional signatures required by regulation.
21. Hand Receipt Holder's Name, Identification Number, and Signature: Self-explanatory.
22. Requisition Number: Requisition number will be assigned by DCoS G4/8 or PBO.