

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: Sally Walker High School	2. REQUEST DATE: 19 May 2016	3. UNIT DODAAC: Your DODAAC	4. DELIVERY DATE: 24 June 2016
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5. LOCAL PURCHASE AUTHORITY: CCR 145-2	6. QUANTITY: 3	7. UNIT OF ISSUE: 3	8. UNIT PRICE: \$78.00	9. TOTAL PRICE: \$468.00
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10. DESCRIPTION OF SUPPLIES OR SERVICES:
 Requesting lodging for Washington D.C. field trip to participate in the Patriot Soldiers Run.
 Requesting to board 8 Cadets for 2 nights. There will be 3 males in 1 room and 2 or 3 females will share a room.

 Reimbursement to be made with credit card*****

 Check with the hotel for a credit card authorization form to be submitted to the brigade with this 112.

11. REQUIRED FOR AND/OR SPECIAL INSTRUCTIONS:
 POC: LTC (Ret) John Doe, jdoewalker@an.net
 Phone# (704) 334-4488

12. RECOMMENDED SOURCE:
 Holiday Inn Express
 1655 Patterson Street
 Washington, D.C. 12334
 Ph# 704-555-6789

 POC: Ms. Poppins

 DUNS: CAGE:

13. SHIP TO LOCATION:
 Washington D.C. Mall
 Independence Ave
 Washington, DC 12345

14. FUND CITE AND BUDGET ANALYST SIGNATURE:

15. POINT OF CONTACT AND PHONE NUMBER:
 Name, signature and phone number

16. COMMANDER AND/OR DIRECTOR APPROVAL (SIGNATURE):

17. ADDITIONAL APPROVAL (SJA):

18. ADDITIONAL APPROVAL (PBO):

19. ADDITIONAL APPROVAL:

20. ADDITIONAL APPROVAL (GPC BILLING OFFICIAL):

21. HAND RECEIPT HOLDERS NAME, UIC AND SIGNATURE:

22. REQUISITION NUMBER:

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.