

GPC PURCHASE REQUEST

REQUESTER (RANK,NAME):	PHONE (EXT.):	DATE:
VENDOR:	BUS. PHONE (Area Code,#):	CATALOG DATE (If Applicable):

SUPPLIES/SERVICES REQUESTED

NOMENCLATURE	QTY	UNIT PRICE	TOTAL

PURPOSE:	TOTAL ESTIMATED COST \$0.00
	TOTAL FROM CONTINUATION ON REVERSE
	GRAND TOTAL

REQUIRED COORDINATORS

Yes	No	Question
<input type="checkbox"/>	<input type="checkbox"/>	Is this purchase for equipment (Budget Code 9) or non-expendable end items?
<input type="checkbox"/>	<input type="checkbox"/>	Does the item(s) contain hazardous chemicals or compounds?
<input type="checkbox"/>	<input type="checkbox"/>	Is this request for communications related material?
<input type="checkbox"/>	<input type="checkbox"/>	Is this request for MWR (fitness/sports) related material?
<input type="checkbox"/>	<input type="checkbox"/>	Is this request for construction/real property type of materials/equipment?
<input type="checkbox"/>	<input type="checkbox"/>	Does the purchase require electricity?
<input type="checkbox"/>	<input type="checkbox"/>	Does the purchase require natural gas?
<input type="checkbox"/>	<input type="checkbox"/>	Does the purchase require water?
<input type="checkbox"/>	<input type="checkbox"/>	Will the purchase be attached to the facility (i.e. hung from wall, mounted to the ceiling, etc.)?

If you answered yes to any of the above questions, complete the required coordination below.

OFFICE OF PRIMARY RESPONSIBILITY	CONTROL NUMBER/TRACKING	POINT OF CONTACT/COMMENTS
BASE SUPPLY		
COMMUNICATIONS FLIGHT		
HAZMAT PHARMACY		
CIVIL ENGINEERING		
OTHER: (Specify)		

APPROVING OFFICIAL AUTHORIZATION

THIS REQUEST IS APPROVED AND I CERTIFY THIS PURCHASE IS FOR OFFICIAL GOVERNMENT USE. FUNDS ARE RESERVED AND AVAILABLE ON MY FUNDING DOCUMENT TO COVER THIS PURCHASE IN THE AMOUNT OF: \$ _____

APPROVING OFFICIAL SIGNATURE:	DATE:
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COMPANY INFORMATION

COMPANY NAME:	
POC:	PHONE/EMAIL/WEBSITE:
ORDER DATE:	ESTIMATED DELIVERY DATE:
AMOUNT: \$ _____	TYPE OF PURCHASE: <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> On Line

CARDHOLDER SIGNATURE:	DATE:	TIME:
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ADDITIONAL COMMENTS/DOCUMENTATION:

DATE TRANSACTION RECONCILED IN BANKING SYSTEM: _____ (DDMMMYYYY)
This should be within 5 days of the cycle close date.

