Purchase Request

Instructions:
The ***Requester*** completes Sections 1, 2, and 3. The ***Buyer*** completes the rest of the form.

Date Submitted

1. Requester

Requester's Name *(type or print)*	Organization	CAN	O.C. Code
Delivery Point *(building/room)*	Phone No.	Date Needed	Decal/Cost Adjust. Needed ☐
Requester's Signature	Internal Approval *(signature)*	Internal Approval *(signature)*	

2. Recommended Sources *(Provide three sources, if possible. Competition is required for open market and non-mandatory FSS orders over $3,000.)*

Name of First Vendor		Company Clerk's Name
EIN	FSS No.	Phone No.
Name of Second Vendor		Company Clerk's Name
EIN	FSS No.	Phone No.
Name of Third Vendor		Company Clerk's Name
EIN	FSS No.	Phone No.

3. Ordering Information

Item No.	DESCRIPTION	QTY.	Unit of Issue	LIST PRICE	DISC. PRICE	ESTIMATED PRICE

4. Totals ***(See continuation page for GRAND TOTAL)***

5. Ordering Mechanism

☐ NIH Stock Requisition ☐ BPA Call (OM) ☐ External To/Do ☐ Purchase Cards/Convenience Checks
☐ GSA Fedstrip ☐ SF 44 ☐ Purchase Card(s)
☐ BPA Call (FSS) ☐ Internal To/Do ☐ Purchase Order(s)

Date Ordered	Buyer's Name	*For radioisotope orders only:* Complete Form NIH 88-1, "Request for Purchase and Use of Radioactive Materials."		Clearance no. of approved radioisotope purchaser
NBS Order No.	BPA/IDC Source No.	Competition Required? ☐ Yes ☐ No	Clearances Required? ☐ Yes ☐ No	Clearances Obtained? ☐ Yes ☐ No

6. Mandatory Source Availability

Are any of the items available from these sources? If "yes," and you are not using the mandatory source, explain why in Item 7.

YES	NO		YES	NO	
☐	☐	NIH Surplus	☐	☐	UNICOR
☐	☐	NIH Required Source (MAPB, Glassware, etc.)	☐	☐	Blind/Severely Disabled
☐	☐	NIH/GSA Stock	☐	☐	Mandatory FSS Schedules

7. Justification for Not Selecting Mandatory Source

☐ Compatibility with existing equipment. *Explain:* _____

☐ NIH Stores out of stock and urgently needed. *Explain:* _____

☐ NIH stock item is unacceptable because: _____

☐ Mandatory FSS vendor is unacceptable because: _____

☐ Other *(specify):* _____

8. Justification for Sole-source or Other than Small Business on Either Open Market or Non-mandatory FSS *(Check all that apply.)*

☐ Sole-source: Proprietary data/patent, etc. (FAR 6.302-1.) *Explain:* _____

☐ Sole-source: Quality of product required for on-going experiments. (FAR 6.302-1.) *Explain:* _____

☐ Sole-source: Urgent and compelling requirement. (FAR 6.302-2.) *Explain:* _____

☐ Small business is unable to deliver within required timeframe. *Explain:* _____

☐ Unable to locate small business source(s) for item(s). *Explain:* _____

☐ Other *(specify):* _____

9. Competition *(For open market and non-mandatory FSS orders over $3,000.)*

Vendor 1

List Price	Discount Price	Phone No.

Comments

Date Called	Company Clerk's Name

Vendor 2

List Price	Discount Price	Phone No.

Comments

Date Called	Company Clerk's Name

Vendor 3

List Price	Discount Price	Phone No.

Comments

Date Called	Company Clerk's Name

10. Price Reasonableness *(Check all that apply.)*

☐ Lowest price quoted.

☐ Comparison with prices on previous buys where price analysis performed.

Previous order no. _____ *Date* _____

☐ Other *(specify):* _____

Continuation of Ordering Information

Item No.	DESCRIPTION	QTY.	Unit of Issue	LIST PRICE	DISC. PRICE	ESTIMATED PRICE