

Date	Acquisition Worksheet	Approval
Page _____ of _____		Work Request No.

1. Requester			
Name	Branch	Phone No.	Building/Room
CAN	Custodial Code	Work Request No.	Date Needed

2. Source	
Name and Address of Company	Phone No.
	Contact's Name

Delivery Instructions

3. Order Information							
O.C. CODE	CATALOG NUMBER	DESCRIPTION	QTY.	Unit of Issue	LIST PRICE	DISCOUNTED PRICE	TOTAL PRICE

Justification (Required for the use of large business, noncompetitive purchases, acquisitions in excess of \$2,500.)	SUBTOTAL (this page):
	TOTAL:
	BPA/TCO Source No. FSS Contract No.

COMPANY NAME	PRICE	AVAILABILITY	DATE CALLED
<i>If order exceeds \$2500, you must contact at least 2 more sources of supply and list or provide sole-source justification.</i>			
1			
2			

4. To be Completed by Acquisition Staff			
Purchase Order No.	Backorder Information		

Indicate if items are available from these sources:	Yes No	NIH Surplus UNICOR	Yes No	Blind/Severely Handicapped NIH or GSA Stock (catalog or store)	Yes No	Federal Supply Schedules Open-Market Supplies
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	

Shipping Date	Clearance Required?	Date Ordered	Date Sent to Procurement	Purchasing Agent
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