DATE RECEIVED *(stamp here)*	**Requisition Worksheet**	DIVISION/BRANCH APPROVAL *(signature)*
		ORDER NO. *(from Delpro System)*

Requester

NAME			DIV./BRANCH	CAN
OBJECT CLASS CODE	CUSTODIAL CODE	BUILDING/ROOM	PHONE NO.	DATE NEEDED

Source

NAME OF COMPANY	PHONE NO.
ADDRESS	COMPANY CLERK'S NAME

Order Information

Item No.	Back-order	CATALOG NUMBER	DESCRIPTION	QTY.	UNIT OF ISSUE	LIST PRICE	DISCOUNTED PRICE	TOTAL PRICE
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							
						Total:		

ARE THE ITEMS ORDERED AVAILABLE FROM THESE SOURCES?

Yes	No		Yes	No		Yes	No	
☐	☐	1. NIH Surplus	☐	☐	3. Blind/Severely Handicapped	☐	☐	5. FEDERAL Supply Schedules
☐	☐	2. UNICOR	☐	☐	4. NIH or GSA Stock (catalog or store)	☐	☐	6. OPEN-MARKET Suppliers

	COMPANY NAME If order exceeds $2500, 2 more sources of supply must be contacted and listed below.	**PRICE**	**AVAILABILITY**	**DATE CALLED**
1				
2				

JUSTIFICATION *(Required for all orders: large business, ADP, personal appeal items, and sole source.)*

BACKORDER INFORMATION

BPA/IDC/TCO SOURCE NO.	FSS CONTRACT NO.	SHIPPING DATE	CLEARANCE REQUIRED? ☐ YES ☐ NO
☐ Date ordered:	☐ Date sent to Central Procurement:	INSTITUTE PURCHASING AGENT	

NIH 1861-9 (01/13)

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