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 *If order exceeds $2500, you must contact at least 2 more sources of supply and list or provide sole-source justification.*	**PRICE**	**AVAILABILITY**	**DATE CALLED**
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

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

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Green - MASB   Goldenrod - Originator
Canary - MASB