

DATE RECEIVED ( <i>stamp here</i> )	<b>Requisition Worksheet</b>	LAB APPROVAL ( <i>Signature</i> )
		ORDER NO. ( <i>from Delpro System</i> )

<b>Requester</b>		
NAME	LAB	CAN
BUILDING/ROOM	PHONE NO.	DATE NEEDED

<b>Source</b>	
NAME OF COMPANY	PHONE NO.
ADDRESS	COMPANY CLERK'S NAME

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

ARE THE ITEMS ORDERED AVAILABLE FROM THESE SOURCES?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. NIH Surplus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Blind/Severely Handicapped	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. FEDERAL Supply Schedules
<input type="checkbox"/>	<input type="checkbox"/>	2. UNICOR	<input type="checkbox"/>	<input type="checkbox"/>	4. NIH or GSA Stock (catalog or store)	<input type="checkbox"/>	<input type="checkbox"/>	6. OPEN-MARKET Suppliers

COMPANY NAME	PRICE	AVAILABILITY	DATE CALLED
If order is open market and exceeds \$1000, you must contact at least 3 sources of supply and list:			
<b>1</b>			
<b>2</b>			

JUSTIFICATION (*Required for the use of large business or noncompetitive purchases*)

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BACKORDER INFORMATION

BPA/IDC/TCO SOURCE NO.	FSS CONTRACT NO.	SHIPPING DATE	CLEARANCE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Date ordered:	<input type="checkbox"/> Date sent to Central Procurement:	INSTITUTE PURCHASING AGENT	