

TRANSMITTAL OF STOCK REPLENISHMENT REQUIREMENTS

TO _____ FP _____	FROM (Corres. Symbol)	DATE	REPLENISHMENT FOR
PERIOD			MOP

REPLENISHMENT REQUIREMENTS ARE FORWARDED AS CHECKED BELOW

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| <input type="checkbox"/> GSA FORM 3014(S) ATTACHED | <input type="checkbox"/> LISTING OF NSN(S) WITH CASE NUMBERS, QUANTITIES, AND DEPOTS ATTACHED |
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TYPE REQUIREMENT

<input type="checkbox"/> NORMAL REPLENISHMENT	<input type="checkbox"/> CONSOLIDATED PURCHASE
<input type="checkbox"/> EXIGENCY - PRIORITY BACKORDERS OR CRITICALLY SHORT STOCK	<input type="checkbox"/> REGULAR - PRODUCTION PLAN
<input type="checkbox"/> ESTABLISHED SOURCE	<input type="checkbox"/> INTERIM
<input type="checkbox"/> NO SOURCE ESTABLISHED	<input type="checkbox"/> DIRECT DELIVERY
<input type="checkbox"/> EXIGENCY - PRIORITY BACKORDERS OF SHORT STOCK	<input type="checkbox"/> NORMAL - QUANTITY EXCESSIVE
<input type="checkbox"/> EXCEED MOL	<input type="checkbox"/> ESTABLISHED SOURCE, EXCEEDS CONTRACT LIMITATIONS
<input type="checkbox"/> EXCEED MSP - CONTRACTOR WILL NOT ACCEPT	<input type="checkbox"/> EXIGENCY - 01 TO 06 PRIORITY
<input type="checkbox"/> NEGATIVE RESPONSE - REGULARLY SCHEDULED REVIEW INDICATES NO REQUIREMENTS FOR THESE NSN(S):	

REMARKS

EXPECTED DELIVERY DATE ESTABLISHED FOR THE ABOVE REQUIREMENTS	PERSON TO CONTACT REGARDING THE ABOVE REQUIREMENTS	TELEPHONE NUMBER (Include area code)
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ATTACHMENTS (List in this space)

PLEASE ADVISE PROCUREMENT CASE NUMBER, CONTRACTING OFFICER AND STATUS OF AWARD (as available)

SIGNATURE AND TITLE