| COD GPC Pre-Approval Form | | | | | | | | | | | |
|--|--------------|---|-----------|--------------|------------------------------|---|----------------|----------------|--------------------|------------|------------|
| | | (| (NOT t | o be used fo | or training. T | he SF-18 | 2 is requ | ired for train | ning) | | |
| Requested By: | | | | | _ | Reque | st Numbe | er: | | | |
| Required Date: | | | | | | Date O | rdered: | | | | |
| Priority: | | | | Routine | : | | | Urge | nt: | | |
| Is this purchase for El | n Technology | items (Section 508 of the Rehabilitation Act)? | | | | | | ☐ YES ☐ NO | | | |
| A Sole Source Require | NO OTHER C | OMPANY CAN PROVIDE THE ITEM; Proprietary Rights). | | | | | | ☐ YES ☐ NO | | | |
| Mandatory Govern | used if they | satisfy the Awardee Vendor Info | | | | | mation | | | | |
| requirement. | | | | | | Vendo | Vendor's Name: | | | | |
| | | | | | | Classification: | | | ☐ LB | | □ SB |
| Mandatory Sources | | | | | | Address: | | | | | |
| Please Check | | | | D | City, State, Zip: | | | | | | |
| ☐ Agency Inventories | | | | | Phone | Phone/Fax: | | | | | |
| ☐ UNICOR | | | | | | | | | | | |
| ☐ NIB/ NISH (Ability One) | | | | | | Purchase Amount (Total): | | | | | |
| □ DoD Email | | | | | | Estimated Shipping Costs: | | | | | |
| ☐ GSA Advantage | | | | | Sales Representative: | | | | | | |
| □ DAPS | | | | | | Estimated Delivery Date: | | | | | |
| □ Other | | | | | | | nation N | | | | |
| Reason for not using a Mandatory source: | | | | | | Justification for Large Business Selection: | | | | | |
| The state of the s | | | | | | | | | | | |
| | | | | | | | | 1 | | | |
| Sources Contacted Classification | | | | dor P.O.C. | Pho | ne Num | ber / Email | Date of 0 | Quote | Total Cost | |
| | | ☐ LB | | | | | | | | | |
| | | ☐ LB | | | | | | | | | |
| | | ☐ LB | | SB . | | | | | | | |
| Item No Description | | | | | | Otv | | Unit | Unit C | `oct | Total Cost |
| item No Desc | | | scription | | Qty | | Offic | Office | .031 | Total Cost | |
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| | | | | | | | Addition | iai Charge/ Sh | ipping (No Sa | | |
| | | | | | | | | | | Credits | |
| | | | | | | | | | Gran | nd Total | |
| Agency Name: | | | | | | | | | | | |
| Office: | | | | | | Phone: | | | | Fax: | |
| Attention: | | | | | | Bldg / Room: | | | • | | - |
| Address: | | | | | City, State, Zip: | | | | | | |
| Cardholder Signature | : | | | | | | | • | | Date: | |
| Billing Official Pre-Approval Signature: | | | | | | | | | | Date: | |
| Independent Receipt & Acceptance by 3 rd Party (not by 0 | | | | | CH) Sign: | | | | | Date: | |
| Coordinate with PBO | | | - | | - | Sign: | | | | Date: | |
| | | | | | Justi | ification | | | • | | 1 |
| State written explana | tion f | or purchas | se: | | | | | | | | |
| Are items and qty received as ordered: | | | | | ☐ YES ☐ NO List discrepancy: | | | | | | |
| Was vendor contacte | | ☐ YES ☐ NO List resolution: | | | | | | | | | |
| Coordination Point of Contacts | | | | | | | | | | | |
| ADP (IM) Manager Sig | | | | | | | Date: | | | | |
| Real Property Manager Signature: | | | | | | | | | | Date: | |
| Safety/ Hazardous Ite | | | gnatur | e: | | | | | | Date: | |
| | | | | | | | | | | | • |
| Signature: Date: | | | | | | | | | | | |