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| Need by Date | | | \* Requested By (Print Name) | | | | | | (Signature) | | | | | | | Date | | |
| \*Person requesting complete 1-7 then submits to the program lead/supervisor for approval. | | | | | | | | | | | | | | | | | | |
| 1. **Does this request include INTERIOR FLEET VEHICLE repairs, services, or supplies?**  Yes  No    1. If yes, please enter Work order number in cost center block of the accounting info section unless directed otherwise as per BLM Manual 1525.    2. Has the Fleet Manager been notified of the repair, service, or supply being purchased?  Yes  No 2. **Does this request include Safety Items or PPE purchase(s)?**  Yes  No    1. If yes, is the signed required documentation attached (risk assessment, justification, etc.)? Yes  No 3. **Is this a check request?**  Yes  No     1. If yes, did you ensure the vendor doesn’t take the charge card? Yes  No    2. If yes, did you check to see if other vendors can be used who do use the charge card? Yes  No    3. If yes, did you obtain the vendors contact information for the check writer to verify the vendor’s tax ID number? Yes  No 4. **Does this request include IT equipment?**  Yes  No    1. If yes, is the approved help desk ticket or other IT correspondence attached? Yes  No 5. **Is this purchase request Fire suppression related?**  Yes  No If yes requires Duty Officer initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    1. If yes, is the required documentation attached (resource order, correspondence, OF-289, Photos, General Message etc.)? Yes  No | | | | | | | | | | | | | | | | | | |
| 1. **Item information** | | | | | | | | | | | | | | | | | | |
| Quantity | | Unit of Issue | | | Specific Item Description | | Color | | | Size | | Other/ S# | Unit Price | | | | Total Price | |
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| Total: | | | | | | | | | | | | | | | | |  | |
| 1. **Purchasing information** | | | | | | | | | | | | | | | | | | |
| What program(s), employee(s), and purpose(s) are these items being purchased for? | | | | | | | | | | | | | | | | | | |
| 1. **Budget information (to be filled out by the program lead/supervisor who oversees the funding)** | | | | | | | | | | | | | | | | | | |
| Accounting  Information | Source Year | | | Cost  Center | | Functional Area  & Program Element | | | | | Work Breakdown  Structure (WBS) | | | Commitment/ BOC Item | | | | Dollar  Amount |
| Cost  Code Example | 18X | | | LLCOC00000 | | LF2000000.HU0000 | | | | | LFSP\_\_\_\_0000 | | | 257D | | | | $250.00 |
| Cost  Code\*\* |  | | |  | |  | | | | |  | | |  | | | |  |
| \*\* When more than one code is used to fund the purchase. | | | | | | | | | | | | | | | | | | |
| **Supervisor Approval (Print Name)** | | | | | | | | \*\*\*(Signature) | | | | | | | Date | | | |
| \*\*\*Program lead/supervisor signature indicates approval to expend funds. | | | | | | | | | | | | | | | | | | |
| **Charge Card A/OPC/ Purchasing Agent (circle one)**  **Valerie Kamzalow** | | | | | | | | \*\*\*\*(Signature) | | | | | | | Date | | | |
| \*\*\*\* A/OPC signature verifies that the required sources are being used and all other procurement controls are within regulations and policy. | | | | | | | | | | | | | | | | | | |