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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 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 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)**
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| AccountingInformation | Source Year | CostCenter | Functional Area& Program Element | Work BreakdownStructure (WBS) | Commitment/ BOC Item | DollarAmount |
| 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. |