

DATE RECEIVED (stamp here) 02/23/06	Requisition Worksheet	DIVISION/BRANCH APPROVAL (signature) ORDER NO. (from Delpro System)
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Requester				
NAME DANA A. WILSON		DIV./BRANCH DCTD/DTP	CAN 58330223	
OBJECT CLASS CODE 266I	CUSTODIAL CODE 20406	BUILDING/ROOM 6130/8114	PHONE NO. 301 594 5762	DATE NEEDED 031706

Source	
NAME OF COMPANY FEBRUARY COMPANY	PHONE NO. 1 800 800 8000 XT 800
ADDRESS 1800800 DELIVERY LANE	COMPANY CLERK'S NAME MRS. JOLLY FEBRUARY

Order Information								
Item No.	Back-order	CATALOG NUMBER	DESCRIPTION	QTY.	UNIT OF ISSUE	LIST PRICE	DISCOUNTED PRICE	TOTAL PRICE
		2235800	surge protector	1PK	1PK	80.00	72.00	72.00
		2238800	receiving stamp	4PK	1PK	37.00	22.00	88.00
			Shipping Charges				14.95	
Total:								\$174.95.

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 exceeds \$2500, 2 more sources of supply must be contacted and listed below.			
1			
2			

JUSTIFICATION (Required for all orders: large business, ADP, personal appeal items, and sole source.)

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: 09/02/05	<input type="checkbox"/> Date sent to Central Procurement:	INSTITUTE PURCHASING AGENT D. WILSON RM 8114	

NIH 1861-9 (10/92)

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