

REQUEST FOR SUPPLIES AND SERVICES

(For use of this form see USAAC Reg 715-X (to be published))

1. ACTIVITY: SALLY WALK HS, JROTC, 4th Bde	2. REQUEST DATE: 23 June 2011	3. UNIT DODAAC: YOUR DODAAC	4. DELIVERY DATE: 24 June 2011
5. LOCAL PURCHASE AUTHORITY: CCR 145-2	6. QUANTITY: 3	7. UNIT OF ISSUE: 3	8. UNIT PRICE: \$78.00
		9. TOTAL PRICE: \$468.00	

10. DESCRIPTION OF SUPPLIES OR SERVICES:

Requesting lodging for 8 Cadetes for 2 nights. There will be 3 males in each room and 2 females will share a room.

Reimburse by credit card*****

Will the hotel require a credit card authorization form be completed?*****

11. REQUIRED FOR AND/OR SPECIAL INSTRUCTIONS:

POC: MSG(Ret) John, Doe Jo.joes@rss.k12.nc.us

Vendor POC: John Doe, (111) 111-1111

12. RECOMMENDED SOURCE:

Holiday Inn Express
1655 Patterson Street
China Grove, NC 28023
Tax ID #
Ph# 704-555-6789

13. SHIP TO LOCATION:

14. FUND CITE AND BUDGET ANALYST SIGNATURE:

15. POINT OF CONTACT AND PHONE NUMBER:

John Doe, MSG (Ret), 111-111-7890 or cell 111-111-111

16. COMMANDER AND/OR DIRECTOR APPROVAL (SIGNATURE):

Marilyn Davis, 910-396-6399, marilyn.davis@usacc.army.mil

17. ADDITIONAL APPROVAL (SJA):

18. ADDITIONAL APPROVAL (PBO):

19. ADDITIONAL APPROVAL (MANPOWER):

20. ADDITIONAL APPROVAL IF REQUIRED:

21. HAND RECEIPT HOLDER'S NAME, IDENTIFICATION NUMBER, AND SIGNATURE:

22. REQUISITION NUMBER:

INSTRUCTIONS FOR REQUEST FOR SUPPLIES AND SERVICES

1. Activity: Full name of location, i.e., USAAC G4/8 Fort Knox.
2. Request Date: Self-explanatory.
3. Unit DODAAC: Self-explanatory.
4. Delivery Date: Date product or service needed by.
5. Local Purchase Authority: Regulation, CTA, TDA that authorizes the purchase.
6. Quantity: Self-explanatory.
7. Unit of Issue: Each, pack, day, etc.
8. Unit Price: Individual price of item or service.
9. Total Price: Total price of entire requirement.
10. Description of Supplies or Services: Enter nomenclature (i.e., shirt, short sleeve, green).
11. Required For and/or Special Instructions: Explain what the requirement is for and any special instructions that are required.
12. Recommended Source: Enter name and address of recommended source and any other known sources.
13. Ship to Location: Indicate where the product will be shipped to or where the service will be performed.
14. Fund Cite and Budget Analyst Signature: Budget analyst must provide a line of accounting and sign and date the form indicating that funds are available for the requirement.
15. Point of Contact and Phone Number: Individual who has the information available concerning the requirement.
16. Commander and/or Director Approval (Signature): Signature of Director, Commander, or designee required.
17. Additional Approval (SJA): Signature required for CRR review.
18. Additional Approval (PBO): Signature required for purchase of accountable items.
19. Additional Approval (Manpower): Signature required for CAAS requirements.
20. Additional Approval If Required: Any additional signatures required by regulation.
21. Hand Receipt Holder's Name, Identification Number, and Signature: Self-explanatory.
22. Requisition Number: Requisition number will be assigned by DCoS G4/8 or PBO.