

U.S. Department of the Interior
BUREAU OF INDIAN AFFAIRS

Fed ID #: _____

REQUISITION

1. REQUISITION NO: _____

DUNS #: _____

Phone #: _____

Fax #: _____ Contact: _____ 2. DATE: _____

3. Vendor Name and Address:	4. Ship to (Name and Address):	5. Requested Delivery Date:
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NOTE: The accounting code strip must be entered below each Line No. Description in Block 7.

6. Line No.	7. Description and Accounting Code Strip	8. Qty	9. Unit	10. Unit Price	11. Total
	12. TOTAL ESTIMATED COST:				

13. REQUESTED BY: _____
(Title and Signature) (Date)

14. APPROVING OFFICIAL CERTIFICATION: I certify the above items are authorized for this program and funds are available.

15. PROPERTY MANAGEMENT CERTIFICATION: I certify that except as noted, items are not available from sources under my control.

(Name and Title of Approving Official)

(Title and Signature) (Date)

(Approving Official's Signature) (Date)

REQUISITION SUPPORTING INFORMATION

DATE _____

PERSON REQUESTING: _____ SCHOOL _____

1. What is the requisition for? Supplies ____ Services ____ Subscriptions ____ Equipment ____

2. Will the vendor accept a government purchase order (P.O.)? YES ____ NO ____

3. Will the vendor accept the government purchase card (Mastercard)? YES ____ NO ____

4. Does vendor have a GSA contract? _____ Number: _____

5. How long will the prices be in effect? _____

6. Discounts if any? _____ %

7. How soon after you receive the P.O./requisition can we expect delivery? _____

8. If in AZ will they accept the 3.5% tax as paid by most government agencies? _____
Outside AZ, agency is tax exempt (use face of purchase card for information on tax exempt status).

9. Will there be a shipping charge? _____ Amount: \$ _____

10. First and last name of person giving the quote: Name _____

Title _____

11. Correct address to send P.O. to: _____

12. Phone number for vendor: _____

13. Fax number for vendor: _____

14. Vendor's REMIT TO address (if different than above)

(Send Payment to) _____

15. Type of Business: Large ____ Small ____ Native American Owned? Yes ____ No ____

Woman owned? Yes ____ No ____

16. Vendor must be registered in CCR. Printout from website must be attached. YES ____

17. Vendor must be listed in FFS with current bank information.
Attach ACH &/or VEND table screen print. YES ____

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Continuation:					
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