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| TO: Supply Officer | | REQUESTING OFFICE Research Service | | | TO BE COMPLETED BY SUPPLY PERSONNEL (NOTE: Alterations in "ACTION" column will be initialed and dated.) | | |
| ACTION REQUESTED <input type="checkbox"/> DELIVERY <input checked="" type="checkbox"/> TURN-IN | | DATE PREPARED | | DATE REQUIRED | | | |
| ITEM NO. OR STOCK NO. <i>(If available)</i> | DESCRIPTION | QUAN-TITY | UNIT | ESTIMATED UNIT COST | UNIT COST | TOTAL COST | ACTION <i>(Note 1)</i> |
| add EE number | include manufacturer, model, and serial number if applicable | 1 | | | | | |
| JUSTIFICATION OF NEED OR TURN-IN <i>(If recurring need, indicate 30 day estimate. If turn-in, do not use this form if circumstances require use of VA Form 1217, Report of Survey.)</i> | | | | | FOB | | |
| include justification for why item is being turned in | | | | | TERMS | | DELIVERY DATE |
| | | | | | QUOTE DATE | | BY (Initials) |
| SIGNATURE OF INITIATOR VA employee initiating the request | | | SIGNATURE OF APPROVING OFFICIAL EIL Custodial Officer (usually the lab's PI) | | | DATE | |
| ADMINISTRATIVE ACTION | | | | RECEIPT ACTION | | | |
| <i>(CHECK APPLICABLE BOX)</i> <input type="checkbox"/> UNPOSTED <input type="checkbox"/> POSTED <input type="checkbox"/> SERVICE <input type="checkbox"/> BULK SALE | | | | I CERTIFY that the quantities in "ACTION" column have been received. | | | |
| AVAILABILITY OF ITEMS REQUESTED ABOVE, OR SUITABLE SUBSTITUTES NOT AVAILABLE FROM <input type="checkbox"/> VA STOCK <input type="checkbox"/> GSA STOCK <input type="checkbox"/> EXCESS <input type="checkbox"/> ANY OF THESE | | | | SIGNATURE OF RESPONSIBLE OFFICIAL OR DESIGNEE | | DATE | |
| SIGNATURE OF ACCOUNTABLE OFFICER OR DESIGNEE | | | DATE | | <i>(CHECK APPLICABLE BOXES)</i> <input type="checkbox"/> TURN IN USE ONLY - I CERTIFY that the quantities shown in "ACTION" column have been received and the turn-in circumstances cited appear reasonable. Disposition codes indicate action taken. | | |
| AUTHORITY FOR AND/OR METHOD OF PURCHASE | | | | <input type="checkbox"/> RECEIVING REPORT USE ONLY - The articles or services listed herein have been received or rendered and are accepted, except as noted. | | | |
| I CERTIFY that the resultant contract is authorized by law and is within the limits of my authority. | | | | SIGNATURE OF CONTRACTING OFFICER | | DATE | |
| SIGNATURE OF CONTRACTING OFFICER | | | | SIGNATURE OF STOREKEEPER | | | DATE |
| PURCHASE ORDER OR REQ. NO. | | DATE OF P.O. OR REQUISITION | | SIGNATURE OF ACCOUNTABLE OFFICER | | | DATE |
| FUND CERTIFICATION: The supplies/services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been obligated. | | | | DATE OF VOUCHER | | VOUCHER NUMBER | |
| APPROPRIATION AND ACCOUNTING SYMBOLS | | | | OBLIGATED BY | | | DATE |

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| TO | REQUESTING OFFICE | NAME OF DIVISION OR SERVICE CHIEF |
|-----------|-------------------|-----------------------------------|

THE FOLLOWING ITEMS ARE AVAILABLE FROM
 STOCK VA SUPPLY DEPOT OTHER MANDATORY SOURCES OF SUPPLY
 It is suggested that they be considered in lieu of the items requested on the reverse side. If acceptable, check appropriate block and sign below. If not acceptable, submit QIR if not exempted by Section 872.003(c) of the VAAR.

SUGGESTED LIST OF SERVICES, EQUIPMENT OR SUPPLIES

| ITEM NUMBER | DESCRIPTION | QUANTITY | UNIT COST | EST. TOTAL COST |
|-------------|-------------|----------|-----------|-----------------|
| | | | | |

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|--|------|
| SIGNATURE OF CHIEF, SUPPLY SERVICE OR DESIGNEE | DATE |
|--|------|

| | |
|--|--------------------------------|
| SUGGESTED ITEM <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> REJECTED (Justify in Remarks) | QUALITY IMPROVEMENT REPORT NO. |
|--|--------------------------------|

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|--|------|---|
| SIGNATURE OF DIVISION OR SERVICE CHIEF OR DESIGNEE | DATE | PURCHASE REQUEST <i>(As indicated in VAAR Section 872.003(d))</i> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |
| | | SIGNATURE |
| | | DATE |

REMARKS

| | | |
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| PENDING DISPOSITION AS STATION EXCESS <i>(Note 2)</i> | PENDING DISPOSITION AS VA EXCESS <i>(Note 3)</i> | DISPOSAL COMPLETED <i>(Note 4)</i> |
| \$ | \$ | \$ |

1. Items turned-in will be coded as follows:

| | | |
|--|---|--|
| <i>C - Item continued in service.</i> <i>P - Item held pending disposition as station excess.</i> <i>X - Item held pending disposition as VA excess.</i> | NOTES <i>D - Item destroyed. Accountability terminated.</i> <i>S - Item disposed of as scrap or salvage. Accountability terminated.</i> <i>T - Property traded in. Accountability terminated.</i> | <i>2. Total dollar value of items coded "P".</i> <i>3. Total dollar value of items coded "X".</i> <i>4. Total dollar value of items coded "D", "S", and "T".</i> |
|--|---|--|