

DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
**PURCHASE/SERVICE/STOCK REQUISITION**

BPA and Call No. \_\_\_\_\_

REQUISITION NUMBER

OFFICE CODE/SYMBOL

TO	REQUEST FOR PURCHASE	SERVICE	STOCK ISSUE	RENTAL/LEASE
REQUESTING ORGANIZATION	CUSTODIAL AREA	DATE	OBJECT CLASS	
FOR REFERENCE CALL	EXTENSION	APPROPRIATION		
DELIVER TO	CAN		DATE REQUIRED	

ITEM NO.	DESCRIPTION (INCLUDE STOCK NUMBER, MODEL/PART NO., ETC.)	QUANTITY REQUIRED	UNIT OF ISSUE	COST	
				UNIT	TOTAL

I certify that the property/services requested are required for Government business, and are not available from excess or current assets.\*

FUNDS AVAILABLE (Signature/Title)	DATE	TOTAL
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REQUESTED BY (Signature/Title)*	DATE	RECEIVING OFFICIAL - I certify that the quantities indicated in the "Quantity Required" column above have been received in total or as annotated.	
RECOMMEND APPROVAL (Signature/Title)*	DATE	RECEIVING OFFICIAL (Signature/Title)	DATE
APPROVED BY (Signature/Title)*	DATE	ORDER NO. (PO, DO, FEDSTRIP, ETC.)	ORDER DATE
PROPERTY MANAGEMENT OFFICER (Signature)*	DATE	VOUCHER NO.	VOUCHER DATE