RESET FORM

NON-APPROPRIATED FUND PURCHASE REQUEST

CONTRACTING OFFICE: CNIC MILLINGTON N944B	**VENDOR GSA/AFNFPO CONTRACT NUMBER:**
REQUESTING OFFICE:	**DATE REQUEST SUBMITTED:**
POC NAME & PHONE:	**REQUIRED DELIVERY DATE:**
DELIVERY ADDRESS:	**INVOICE ADDRESS:**
POC NAME:	**POC NAME:**
POC PHONE:	**POC PHONE:**
POC E-MAIL:	**POC E-MAIL:**

VENDOR INFORMATION

VENDOR: _____ **PHONE NUMBER:** _____

POC: _____ **CELL PHONE:** _____

ADDRESS: _____ **FAX NUMBER:** _____

_____ **E-MAIL:** _____

_____ **SAP Vendor Code:** _____

ITEM	SPECIFICATION OF SUPPLIES/SOW FOR SERVICES	QTY	U/I	UNIT PRICE	ESTIMATE
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00
#			EA		0.00

CONTRACTING OFFICE IS AUTHORIZED TO EXCEED THIS TOTAL BY 0% **PERCENT.** **EST. TOTAL** $0.00

COMPANY CODE: _____ **COST CENTER:** _____ **GL ACCOUNT:** _____

ALL NECESSARY APPROVALS HAVE BEEN OBTAINED AND FUNDS ARE AVAILABLE AND COMMITTED FOR THE ABOVE PURCHASE.

AUTHORIZED SIGNATURE: _____

TITLE OF REQUESTER: _____

PRINT SUBMIT