

STATE ACTIVE DUTY VENDOR REQUEST FORM

JOPLAN: P-1-A

NOTE: This form must be forwarded to the SQM representative to obtain a Purchase Order Number before a vendor provides services.

OPERATION:

PURCHASE REQUEST #:

REQUESTING UNIT:

COMMAND/ TF:

UNIT POC:

UNIT PHONE #:

UNIT POC's CELL PHONE

VENDOR'S NAME:

PHYSICAL ADDRESS:

(CITY & STATE)

ZIP

REMIT TO ADDRESS:

(CITY & STATE)

ZIP

BUSINESS PHONE:

FED ID. #

POC AT BUSINESS:

POSITION:

INDICATE BELOW THE SERVICE PROVIDED:

MEALS,

LODGING

OFFICE SUPPLIES

FUEL

LAUNDRY

RENTAL VEHICLES

REPAIR PARTS

EQUIPMENT RENTAL

OTHER (EXPLAIN)

PURCHASE OF EQUIPMENT (JUSTIFICATION)

NOTE: SOM will not pay for gratuities, phone calls from rooms, movie rentals or room service.

COMPLETED INVOICES WILL BE SENT TO:

DEPARTMENT OF MILITARY AFFAIRS

ATTN: SQM - SAD

2305 S.R. 207

ST. AUGUSTINE, FL 32086

*******THE DEPARTMENT OF MILITARY AFFAIRS IS TAX EXEMPT*******

THE TAX NUMBER IS 85-8012631921C-2