

<div>Purchase Request</div>		<div>Instructions: The <i>Requester</i> completes Sections 1, 2, and 3. The <i>Buyer</i> completes the rest of the form.</div>			Date Submitted	
<div>1. Requester</div>						
Requester's Name (type or print)		Organization		CAN	O.C. Code	
Delivery Point (building/room)		Phone No.		Date Needed	Decal/Cost Adjust. Needed	
Requester's Signature		Internal Approval (signature)		Internal Approval (signature)		
<div>2. Recommended Sources (Provide three sources, if possible. Competition is required for open market and non-mandatory FSS orders over \$3,000.)</div>						
Name of First Vendor				Company Clerk's Name		
EIN		FSS No.		Phone No.		
Name of Second Vendor				Company Clerk's Name		
EIN		FSS No.		Phone No.		
Name of Third Vendor				Company Clerk's Name		
EIN		FSS No.		Phone No.		
<div>3. Ordering Information</div>						<div>4. Totals</div>
Item No.	DESCRIPTION	QTY.	Unit of Issue	LIST PRICE	DISC. PRICE	ESTIMATED PRICE
<div>5. Ordering Mechanism</div>						
<input type="checkbox"/> NIH Stock Requisition		<input type="checkbox"/> BPA Call (OM)		<input type="checkbox"/> External To/Do		<input type="checkbox"/> Purchase Cards/Convenience Checks
<input type="checkbox"/> GSA Fedstrip		<input type="checkbox"/> SF 44		<input type="checkbox"/> Purchase Card(s)		
<input type="checkbox"/> BPA Call (FSS)		<input type="checkbox"/> Internal To/Do		<input type="checkbox"/> Purchase Order(s)		
Date Ordered	Buyer's Name		For radioisotope orders only: Complete Form NIH 88-1, "Request for Purchase and Use of Radioactive Materials."		Clearance no. of approved radioisotope purchaser	
NBS Order No.	BPA/IDC Source No.	Competition Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Clearances Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Clearances Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Mandatory Source Availability

Are any of the items available from these sources? If "yes," and you are not using the mandatory source, explain why in Item 7.

YES NO

- ☐ ☐ NIH Surplus
☐ ☐ NIH Required Source (MAPB, Glassware, etc.)
☐ ☐ NIH/GSA Stock

YES NO

- ☐ ☐ UNICOR
☐ ☐ Blind/Severely Disabled
☐ ☐ Mandatory FSS Schedules

7. Justification for Not Selecting Mandatory Source

- ☐ Compatibility with existing equipment. *Explain:* _____
- ☐ NIH Stores out of stock and urgently needed. *Explain:* _____
- ☐ NIH stock item is unacceptable because: _____
- _____
- ☐ Mandatory FSS vendor is unacceptable because: _____
- _____
- ☐ Other (*specify*): _____
- _____

8. Justification for Sole-source or Other than Small Business on Either Open Market or Non-mandatory FSS (Check all that apply.)

- ☐ Sole-source: Proprietary data/patent, etc. (FAR 6.302-1.) *Explain:* _____
- _____
- ☐ Sole-source: Quality of product required for on-going experiments. (FAR 6.302-1.) *Explain:* _____
- ☐ Sole-source: Urgent and compelling requirement. (FAR 6.302-2.) *Explain:* _____
- _____
- ☐ Small business is unable to deliver within required timeframe. *Explain:* _____
- ☐ Unable to locate small business source(s) for item(s). *Explain:* _____
- ☐ Other (*specify*): _____
- _____

9. Competition (For open market and non-mandatory FSS orders over \$3,000.)

Vendor 1			Vendor 2		
List Price	Discount Price	Phone No.	List Price	Discount Price	Phone No.
Comments			Comments		
Date Called	Company Clerk's Name		Date Called	Company Clerk's Name	
Vendor 3			10. Price Reasonableness (Check all that apply.)		
List Price	Discount Price	Phone No.	<input type="checkbox"/> Lowest price quoted.		
Comments			<input type="checkbox"/> Comparison with prices on previous buys where price analysis performed.		
			Previous order no. _____ Date _____		
Date Called			<input type="checkbox"/> Other (<i>specify</i>): _____		
Company Clerk's Name			_____		