

MEMORANDUM FOR AFIT-EN/ENRS

Ordered Date:   
Received Date:   
Paid Date:

Control #

FROM: AFIT/

Date:

SUBJECT: PURCHASE REQUEST

REQUESTED BY:

1. Request the below-listed item(s) be purchased using :

Prof and / or Student:

b. Brief Description:

c. Justification:

d. This is a fair and reasonable price: (In accordance with FAR 13.106) Initial Here:

e. Quantity:

<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Price:

Shipping & Handling/Check Fee (1.7%):

Hazmat Fees:

Total Estimated:

f. Vendor Name / Address / Phone / POC:

g. AF 332: ☐ CSRD: ☐ \*Check all required. Attach to Form

AF 601: ☐ ECAR: ☐ Yes No

M30: ☐ W9: ☐ Tax reporting Required ☐ ☐

2. This purchase will be charged to :  or Paid by CHECK:

(Choose D (Dept) or S (Sponsor))

a. \*Vendor Tax ID # or SSN:  \* If paid by Check, Section ID must be filled in completely.

b. Department Funds Signature:

c. Sponsor Funds (S): JON:  Sales Code:

Funds Available in Budget Category:

PI (Principal Investigator) or Designee Signature:

d. Signature of Cardholder and Date:

**1st End, AFIT/SC**

TO: AFIT/SC

1. ☐ Approved. CSRD # \_\_\_\_\_ has been assigned for this purchase.
2. ☐ Disapproved. See attached CSRD.
3. IT Info \_\_\_\_\_
4. This item ☐ IS ☐ IS NOT available through the IT Superstore of AFWAY.  
AFWAY approved Contract Number to use is: \_\_\_\_\_

Signature

Date

**1st End, AFIT/ENWL**

TO: AFIT/ENWL

1. ☐ Approved.
2. ☐ Disapproved.

3. Comments

Signature

Date

**1st End, AFIT/SE**

TO: AFIT/SE

1. ☐ Approved.
2. ☐ Disapproved.

3. Comments

Signature

Date

**2nd End, AFIT-EN/ENR (Resource Advisor)**

TO: AFIT-EN/ENR

1. ☐ Approved.
2. ☐ Disapproved. Funds not available.

☐ Price Quotation☐ AF 332☐ AFIT Form 3215 (CSRD)☐ AF 601☐ W9 (Checks Only)☐ M30☐ ECAR

Date:

EN/ENRS Control #

3. THE CARDHOLDER SHALL REQUEST FROM THE VENDOR THE AMOUNT THAT WILL BE BILLED. IF THIS AMOUNT IS DIFFERENT FROM THE AMOUNT OF THE PR, THE APPROVING OFFICIAL MUST BE NOTIFIED.

Signature of Approving Official

**Equipment Designated Department Authority (DDA) Guidelines/Acknowledgement**

"1) An article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of which equals or exceeds \$5000, and/or 2) an article that must be accounted for on a formal equipment inventory (e.g. ADPE), and/or 3) an article that the designated departmental authority determined must be accounted for and tracked on its equipment inventory."

This item will be tracked IAW the above guidelines.

DDA Signature

Date