

## MCIEAST-MCB CAMLEJ GOVERNMENT COMMERCIAL PURCHASE CARD WORKSHEET

Requester's Name:		Phone Number:		Date:	
Department and Section:		<input type="checkbox"/> PRIORITY	<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> ROUTINE	
Description/Nomenclature (attach list if needed)	(Make / Model / PN / NSN)	QTY	U/I	Unit Price	Total Price

Justification (attach additional sheets as needed)	Total Cost:

Pre-Purchase Checklist: (Cardholder USE ONLY)	FIPS AND DOCUMENT NUMBERS
1. Is this Item/s on the prohibited list? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is this a "split buy"? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Rotated vendors for like item? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. G/6NMCI Waiver for IT/Wireless Radio Equipment required? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Commercial Video/Audio/Media waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Hazardous Material waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Commercial off the Shelf Training SF-182 Required? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Is this accountable Property? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Property Control # <input type="checkbox"/> Yes <input type="checkbox"/> No	DOC Number: _____ FIP: _____ RUC: _____ LOA: _____ UNICOR/FPI waiver \$3500<\$10K attached YES <input type="checkbox"/> NO <input type="checkbox"/> PRBUILDER Attached? YES <input type="checkbox"/> NO <input type="checkbox"/> SAADD (\$25K) OCONUS YES <input type="checkbox"/> NO <input type="checkbox"/>

Have you screened required sources below: (Cardholder USE ONLY)				
Local Supply/Agency Inventory/ServMart	Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
AbilityOne: Office/IT Janitorial supplies USMCServMart <a href="https://www.usmcservmart.gsa.gov">https://www.usmcservmart.gsa.gov</a>	Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
AbilityOne: Office/IT Janitorial supplies FEDMALL <a href="https://fedmall.mil/index.html">https://fedmall.mil/index.html</a>	Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Furniture NAVSUP FLC, Norfolk <a href="http://acquisition.navy.mil/">http://acquisition.navy.mil/</a>	Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Wireless Services NAVSUP FLC, San Diego <a href="http://www.navsup.navy.mil/navsup">http://www.navsup.navy.mil/navsup</a>	Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
GSA wholesale GSA <a href="http://www.gsaadvantage.gov">http://www.gsaadvantage.gov</a>	Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Printing DLADS <a href="http://www.documentservices.dla.mil">http://www.documentservices.dla.mil</a>	Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Type of order: <input type="checkbox"/> Phone <input type="checkbox"/> Over the Counter <input type="checkbox"/> Internet <input type="checkbox"/> Other				

Ensure vendor is screened for the following: (Cardholder USE ONLY)	Required signatures prior to the purchase:
Does Vendor Accept Government Purchase Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Funds Approved by:</b> _____ _____ Title (Print) Name (First, MI, Last) Date
Does the Vendor Charge sales tax or credit card fees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Vendor use Third Party Card processor (ie Pay Pal)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the total price quoted include all shipping charges? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this Fill or Kill (NO BACK ORDERS)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Informed charges cannot be processed prior to delivery <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Card Holder:</b> _____ _____ Title (Print) Name (First, MI Last) Date

Vendor Information (CARD HOLDER USE ONLY)		AO Approval:	
Name:			
Address:			
Phone Number:	POC:	Title (Print)	Name (First, MI, Last) Date

Order Information	Receiver must sign Sales Receipt/Invoice to verify quantity
Call Number: _____ Date Ordered: _____	<b>Received By Signature:</b> _____ _____ Title (Print) Name (First, MI, Last) Date
Est. Delivery: _____ Actual Cost: _____	
Date Received: _____	

MISC UNIT INFORMATION	Verification of Sales Receipt/Invoice and Receipt/Acceptance
	<b>AO Signature:</b> _____ _____ Title Print Name (First, MI, Last) Date

IAW NAVSUPINST 4200.99c, this request is for a Bona-fide need for which appropriation is available to meet the minimum government requirement.

CO/DIR Print Name:	CO/DIR Signature:	Date:
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Digital Signature- CAC card users can digitally sign this form. After signing the form, save the form to a folder or to the desktop, then attach the form in an E-Mail to send to the next person/department in the routing of the form.