

MCIEAST-MCB CAMLEJ GOVERNMENT COMMERCIAL PURCHASE CARD WORKSHEET

Requester's Name: _____ Phone Number: _____ Date: _____
Department and Section: _____ PRIORITY EMERGENCY 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	DOC Number: _____
2. Is this a "split buy"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	FIP: _____ RUC: _____
3. Rotated vendors for like item?	<input type="checkbox"/> Yes <input type="checkbox"/> No	LOA: _____
4. G/6NMCI Waiver for IT/Wireless Radio Equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	UNICOR/FPI waiver \$3500<\$10K attached YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Commercial Video/Audio/Media waiver required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PRBUILDER Attached? YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Hazardous Material waiver required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SAADD (\$25K) OCONUS YES <input type="checkbox"/> NO <input type="checkbox"/>
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	

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 https://www.usmcservmart.gsa.gov	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
AbilityOne: Office/IT Janitorial supplies FEDMALL https://fedmall.mil/index.html	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Furniture NAVSUP FLC, Norfolk http://acquisition.navy.mil/	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Wireless Services NAVSUP FLC, San Diego http://www.navsupsup.navy.mil/navsup	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
GSA wholesale GSA http://www.gsaadvantage.gov	Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Printing DLADS http://www.documentservices.dla.mil	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	Funds Approved by: _____ _____ 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	Card Holder: _____ _____ Title (Print) Name (First, MI Last) Date

Vendor Information (CARD HOLDER USE ONLY)

Name: _____
 Address: _____
 Phone Number: _____ POC: _____

Order Information Receiver must sign Sales Receipt/Invoice to verify quantity

Call Number: _____ Date Ordered: _____
 Est. Delivery: _____ Actual Cost: _____
 Date Received: _____

MISC UNIT INFORMATION Verification of Sales Receipt/Invoice and Receipt/Acceptance

AO Signature:

 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: _____

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.

DIRECTIONS to fill out the PURCHASE CARD REQUEST FORM

- ✓ ALL PURCHASES MUST BE PREAPPROVED IN WRITING BY THE APPROVING OFFICIAL'S SIGNATURE
 - ✓ THIS FORM CAN BE TYPED OR HAND PRINTED LEGIBLY USING BLACK INK ONLY. PENCIL IS NOT PERMITTED.
 - ✓ FOR CORRECTIONS, MAKE A SINGLE LINE THROUGH MISTAKE AND INITIAL, DO NOT USE WHITE OUT.
 - ✓ SIGNATURE STAMPS AND CONTRACTED EMPLOYEES ARE NOT AUTHORIZED.
-
- Requester's name: First and Last name, pay grade optional.
 - Phone Number: Requesters day time phone number.
 - Date: Date requester submits request to the purchasing section.
 - Department and Section: Requesters department and section.
 - Priority, Emergency, Routine: Only check one box that applies to the purchase.
 - Description/ Nomenclature: Need the noun name of the Supply; Service type and location (location to place portable toilets need at LZ Blue Bird for 12/1/2013-12/15/2013.). Cannot use "SEE ATTACHED" on first or second line, must start listing (noun name) of items then on bottom line you can annotate "SEE ADDITIONAL/ATTACHED LIST". This List must have all items listed to include shipping cost and must be approved by the Funds Approver or Comptroller. This is call a Shopping List.
 - Make/ model/ PN/ NSN: Vendor ordering numbers
 - QTY: How many items are being ordered
 - U/I: Unit of Issue: (i.e., (EA) each, (LT) lot, (DZ) dozen)
 - Unit Price: Cost for unit of issue.
 - Total Price: QTY column multiplied by Unit Price.
 - Justification: Cardholder's reason for purchasing the Supply or Service above. Attach additional sheets as needed.
 - **Pre Purchase Check List:**
 1. Prohibited list is located in Chapter 4 of the NAVSUPINST 4200.99C, Attachment D of the USMC SOP, and enclosure 2 of the NAVSUPINST 4200.85D.
 2. Split Buy – cannot split purchase to circumvent the micro purchase threshold.
 3. Must always rotate vendors. Except for services (i.e., cable, cell phone services)
 4. IAW MARADMINs 298/08, 375/11 all IT equipment must have an IT waiver.
 5. Commercial video/audio/media waiver required -Self explanatory.
 6. All HAZMAT items must have a HAZMAT approval by the Unit's HAZMAT Officer.
 7. Training must be Commercial off the Shelf (COTS) and include an SF-182; If attached to II MEF, waiver is required for all Tactical or Services and Supplies that are not the normal purchasing practice of the Purchasing Department.
 8. Item that someone would want to take home or steal. Annotate the property control number in the space provided.
 9. Is the item recorded in an Approved Program System of Record (APSR) (i.e., DPAS)? Annotate the property control number in the space provided.

DIRECTIONS to fill out the PURCHASE CARD REQUEST FORM

- **FIPS and Document Number:** Used by Units when needed.
 - **Have you screened the required sources of below?**
 1. Local SERVMART: for all supplies and services.
 2. FEDMALL: Mandatory for all Office Supplies, IT Equipment and Janitorial supplies.
 3. Ability One: Skillcraft and janitorial supplies can also get services.
 4. Furniture: Navy's Furniture BPA's
 5. GSA ADVANTAGE: All other types of Supplies or Services.
 6. Printing: DLA Printing is the only place to have printing done, no matter the urgency, business cards not authorized.
 - **Type of order:** check Phone, Over the Counter, Internet, or other.
 - **Ensure Vendor is screened for the following:** Self-explanatory. Do not use PAY-PAL.
 - **Vendor Information:** One Vendor per Purchase Card Request Form.
 - When choosing vendors from GSA or FEDMALL, place GSA and vendors name or FEDMALL and vendors name. If ordered online, place the website URL.
 - **Order Information:**
 - Call Number (established when making the order)
 - Date Ordered (must be same date as AO approval or later)
 - Est. Delivery (if applicable)
 - Actual Cost: If this amount is greater than what was previously approved by the Funds Approver, have the Funds Approver approve the increase by initialing the actual cost.
 - Date Received: Received by the Cardholder.
 - **MISC Unit Information:** Use this box to add supportive information (i.e., refunds, price changes).
- Required Signatures Prior to the Purchase:** Digital signatures are authorized.
- Funds Approved by: Unit Funds Approver provides printed name, signature, and date to verify unit funds are available for the purchase (Must be a government employee; cannot be the AO or CH).
 - Card Holder: CH provides printed name, signature, and date to verify this is an authorized purchase and the form is filled out correctly.
 - AO Approval: AO provides printed name, signature, and date to verify this is an authorized purchase and the form is filled out correctly.
- **Receiver must sign Sales Receipt/ Invoice to verify quantity:**
 - Receiver provides printed name, signature, and date to verify supplies, services, or training has been received. The AO or CH cannot be the receiver; this must be a government employee; Receivers must also, print, sign, and date invoice/receipt.
 - **Verification of Sales Receipt/ Invoice and Receipt / Acceptance:**
 - AO provides printed name, signature, and date to verify the form is filled out properly; receipt/invoice contains the recipients printed name, signature, and date; If applicable, waivers are attached;

DIRECTIONS to fill out the PURCHASE CARD REQUEST FORM

- CO/DIR information is needed when the Purchase is for Services or Supplies that are not the normal purchasing practice of the Purchasing Department. This is also needed when the Agency Program Coordinator and Acquisition Legal Counsel is required. Purchases must be an approved bona-fide government need to meet the minimum requirements of the government.

AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number	B. Request Status <i>(Mark (X) one)</i> <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial <input type="checkbox"/> Correction <input type="checkbox"/> Cancellation
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Section A - TRAINEE INFORMATION
Please read instructions on page 6 before completing this form

1. Applicant's Name <i>(Last, First, Middle Initial)</i> APPLICANTS NAME OR GROUP		2. Social Security Number/Federal Employee Number BLANK		3. Date of Birth <i>(yyyy-mm-dd)</i> BLANK	
4. Home Address <i>(Number, Street, City, State, ZIP Code)</i> (Optional) BLANK		5. Home Telephone (Optional) <i>(Include Area Code)</i> BLANK		6. Position Level <i>(Mark (X) one)</i> <input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Manager <input type="checkbox"/> c. Supervisory <input type="checkbox"/> d. Executive	
7. Organization Mailing Address <i>(Branch-Division/Office/Bureau/Agency)</i>		8. Office Telephone <i>(Include Area Code and Extension)</i>		9. Work Email Address	
10. Position Title		11. Does applicant need special accomodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe below	
12. Type of Appointment	13. Education Level <i>(click link to view codes or go to page 7)</i>	14. Pay Plan	15. Series	16. Grade	17. Step

Section B - TRAINING COURSE DATA

1a. Name and Mailing Address of Training Vendor <i>(No., Street, City, State, ZIP Code)</i>		1b. Location of Training Site <i>(if same, mark box)</i> <input type="checkbox"/>			
		1c. Vendor Telephone Number		1d. Vendor Email Address	
2a. Course Title	2b. Course Number Code	3. Training Start Date <i>(Enter Date as yyyy-mm-dd)</i>		4. Training End Date <i>(Enter Date as yyyy-mm-dd)</i>	
5. Training Duty Hours	6. Training Non-Duty Hours	7. Training Purpose Type <i>(Click link to view codes or go to page 9)</i>		8. Training Type Code <i>(Click link to view codes or go to page 9)</i>	
9. Training Sub Type Code <i>(Click link to view codes or go to page 9)</i>	10. Training Delivery Type Code <i>(Click link to view codes or go to page 12)</i>	11. Training Designation Type Code <i>(Click link to view codes or go to page 13)</i>	12. Training Credit	13. Training Credit Type Code <i>(Click link to view codes or go to page 13)</i>	
14. Training Accreditation Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Continued Service Agreement Required Indicator <i>(Check below)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		16. Continued Service Agreement Expiration Date <i>(Enter date as yyyy-mm-dd)</i>	
17. Training Source Type Code <i>(Click link to view codes or go to page 13)</i>				18. Training Objective	
				19. AGENCY USE ONLY	

Section C - COSTS AND BILLING INFORMATION

1. Direct Costs and Appropriation / Fund Chargeable			2. Indirect Costs and Appropriation / Fund Chargeable		
Item	Amount	Appropriation Fund	Item	Amount	Appropriation Fund
a. Tuition and Fees	\$	Funding Amounts Mandatory	a. Travel	\$	
b. Books & Material Costs	\$		b. Per Diem	\$	
c. TOTAL	\$		c. TOTAL	\$	
3. Total Training Non-Government Contribution Cost			6. BILLING INSTRUCTIONS <i>(Furnish invoice to):</i> Cardholders Printed Name and Signature Last 4 digits of the Credit Card CONTRACTING DEPARTMENT P O BOX 8478 BLDG 1116 CAMP LEJEUNE NC 28547-8748		
4. Document / Purchasing Order / Requisition Number					
5. 8 - Digit Station Symbol <i>(Example - 12-34-5678)</i>					

Section D - APPROVALS

1a. Immediate Supervisor - *Name and title*

Required

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

2a. Second-line Supervisor - *Name and title*

Required

2b. Area Code / Telephone Number

2c. Email Address

2d. Signature

2e. Date

3a Training Officer - *Name and title*

Required

3b. Area Code / Telephone Number

3c. Email Address

3d. Signature

3e. Date

Section E - APPROVALS / CONCURRENCE

1a. Authorizing Official - *Name and title*

MANDATORY Can be the Purchase Card Approving Official

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

Approved Disapproved

1e. Date

Section F - CERTIFICATION OF TRAINING COMPLETION AND EVALUATION

1a. Authorizing Official - *Name and title*

1b. Area Code / Telephone Number

1c. Email Address

1d. Signature

1e. Date

TRAINING FACILITY ~ Bills should be sent to office indicated in item C6. I Please refer to number given in item C4 to assure prompt payment.

PURCHASE CARD OFFICE NOTICE (PCON) 07/19 Training Education and Professional Development (TE&PD)

22 July 2019

APPLICABILITY: MCIEAST PURCHASE CARD OFFICE NOTICE (PCON) 07/19: TRAINING EDUCATION AND PROFESSIONAL DEVELOPEMENT TRAINING

PURPOSE: Update policy for Training Education and Professional Development (TE&PD).

OVERVIEW: All Cardholders and Approving Officials are required to take DON's training for TE&PD. This training is located on CCPMD's Purchase card website (<https://my.navsup.navy.mil>) Knowledge Nugget (PCKN #15). Without a training certificate, cardholders do not have authority to pay for TE&PD services.

ACTION REQUIRED: For MCIEAST GCPC Program Cardholders and Approving Officials there are five key provisions that must be met to use their purchase card for payments above or below the micro-purchase threshold (MPT) \$10,000.00

1. All TE&PD request above \$10,000.00 will be submitted on a SF-182 and GCPC-WS to the APC for review 30 Days before the training start date. This provides procurement action lead time if a contract is required.
 - a. SF-182 Section C - Block 6 will contain the Cardholder's name, last four #s of the purchase card and billing address "PO BOX 8478, MCB Camp Lejeune, 28547".
 - b. Remove Personal Identifiable Information (PII) from SF-182 before sending via email.
 - c. Requirements below the MPT are generally FAR based actions, not applicable to the Service Contract Act.
2. The training cannot be tailored for or designed to meet a specific government need.
 - a. DoN CCPMD TE&PD Training Course establishes a mandatory requirement which if the government has a need for tailored training or tailored training materials; the requirement shall be placed on a government Contract by a warranted contracting officer.
3. If there are vendor terms and conditions associated with training that cannot be waived, a Contract must be used.
 - a. TE&PD services that require Terms and Conditions do not meet the FMR condition for off-the-shelf TE&PD services. Cancellation Fees are an example of Terms and Conditions which are not permitted for a miscellaneous payment or a micro purchase.
4. The event must be a regularly schedule off the shelf event priced the same for everyone and available to the general public.
5. A price comparison shall be completed to determine price reasonableness and to justify source selection; for a purchase exceeding the MPT but less than \$25,000, minus travel and per-diem. **See Attachment A.**
 - a. The vendor must provide a cataloged/advertised price for comparison.

IMPLEMENTATION: Immediately

REGULATIONS AFFECTED: MCIEAST 4200.1B

SOURCE: CCPMD guidance, PCKN #15 and MCIEAST 4200.1B

Point of contact: John Outlaw (john.outlaw@usmc.mil) 910-451-4599

FAIR AND REASONABLE PRICE DETERMINATION

Call Number: _____

1. I am recommending award to Vendor Name. I used the following price analysis techniques compared to the quoted price of \$0.00. The quoted price was similar enough to the comparative prices to conclude that the quoted price is determined fair and reasonable.

a. Commercial Catalog/Website Price List

All per seat pricing obtained outlined below is for XXXXXX training in/at XXXXX from the vendor's specific current published price listings:

Training Course	Base Cost	# Students	Total
Title	\$.00	00	\$.00

Vendor A Name	
Course, Materials and Travel	\$.00

Vendor B Name	
Course, Materials and Travel	\$.00

Vendor C Name	
Course, Materials and Travel	\$.00

3. As the Approving Official, I have reviewed the above pricing documentation and do hereby make the determination that the price of the suggested quote is fair and reasonable. I authorize the buyer to proceed with the award.

PREPARED BY: _____
Cardholder

APPROVED BY: _____
Approving Official

MCIEAST PURCHASE CARD OFFICE NOTICE (PCON) 03-19
FPI/ UNICOR Waiver Letter

25 January 2019

APPLICABILITY: MCIEAST PURCHASE CARD OFFICE NOTICE (PCON) 03-19 Guidance related FPI/ UNICOR Waiver Letter for purchases above \$3500 to \$10,000.

PURPOSE: To provide guidance to obtain FPI/ UNICOR Waiver Letter.

OVERVIEW: The MPT for **Services** \$2500 and **Construction** \$2000 has not changed. Federal Prison Industries (FPI) UNICOR, Federal Acquisition Regulation (FAR) policies apply to purchases over \$3,500.

(1) Screen all requirements over \$3500 through FPI Schedules, <https://www.unicor.gov/index.aspx> as defined in FAR 8.602 and 8.605 (e).

(2) MPT for construction remains \$2,000 subject to 40 U.S.C. Chapter 31, Subchapter IV Wage Rate Requirements.

(3) MPT for services remains \$2,500, subject to 41 U.S.C. Chapter 67, Service Contract Labor Standards.

ACTION REQUIRED: For MCIEAST GCPC Program Cardholders and Approving Officials the MPT is \$10,000. All purchases over \$3500 shall include FPI/ UNICOR Waiver Letter.

(1) A FPI/ UNICOR Waiver Letter shall be attached to an approved Government Commercial Purchase Card- Work Sheet (GCPC-WS) for all purchases over \$3500.

(2) If item/s are available through FPI/ UNICOR, conduct market research to determine compatibility to private sector in terms of price, quality and time of delivery. If items are compatible purchase the item.

(3) Procedure if item/s are not compatible in one or more areas of price, quality or time of delivery.

(a) The Approving Official shall prepare a written determination explaining the incompatibility and submit it to the Agency Organizational Program Coordinator (AOPC) for Contracting Officer (KO) purchase approval.

(4) Log into: <https://www.unicor.gov/Index.aspx>

Under tab "How to Purchase" click on "Waiver Request". In 2nd paragraph click "UNICOR My-Account Dashboard." Here is where you register for an account. Once you are logged in you will see a folder "My Waiver Request" open the folder, click "Request New Waiver" follow instructions to fill out the form.

IMPLEMENTATION: Immediately 0930 25 January 2019 EST

REGULATIONS AFFECTED: MCIEAST 4200.1A

SOURCE: USMC I&L CONTRACTING ADVISORY18-27 dtd 19 April 2018

Point of contact: MCIEAST/MCB CAMLEJ AOPC John Outlaw, John.outlaw@usmc.mil (910) 451-7845.

Point of contact: MCAS/2DMAW CHERPT AOPC Theresa Moore, Theresa.a.moore@usmc.mil (252) 466-3441

123	456	7	34	56789	5	67890	1	23	456	789	12	234	56	789	0	1	2	3	45678	90	1. TOTAL PRICE		2. SHIP FROM		3. SHIP TO																				
REGNI JOB	RI FROM	RS SIX	UN ISS	QUANTITY	PARS	SUPPLE- MENTARY ADDRESS	SIG	FUND	DISTR- IBUTIO	PRO- JECT	REQD DEL DATE	ADV	RI	O/P	CON	NET			UNIT PRICE	DOLLARS	CTS																								
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																				5. DOC DATE		6. NMFC		7. FRT RATE		8. TYPE CARGO		9. PS																	
												11. UP		12. UNIT WEIGHT		13. UNIT CUB		14. UFG		15. SL																									
																				16. FREIGHT CLASSIFICATION NOMENCLATURE																									
																				17. ITEM NOMENCLATURE																									
												18. TY COUNT				19. NO CONT				20. TOTAL WEIGHT				21. TOTAL CUBE																					
												22. RECEIVED BY												23. DATE RECEIVED																					

24. DOCUMENT NUMBER & SUFFIX (30-44)	PROPERTY NUMBER _____
25. NATIONAL STOCK NO. & ADD (9-22)	PROPERTY ITEM _____
26. RIC (4-6), UI (23- 24.) QTY (25-29), CON CODE (71), DIST. (55- 56), UP (74-80)	MANUFACTURER _____
27. ADDITIONAL DATA	MODEL NUMBER _____
	SERIAL NUMBER _____
	PRICE _____
	LOCATION OF PROPERTY _____

OTHER INFO

RANK: _____

PRINT NAME: _____

UNIT/SECT: _____

PHONE: _____

SIGNATURE: _____

COPY 1

PREVIOUS EDITION MAY BE USED

EXCEL DOCUMENT

PROPERTY RECORDS INSTRUCTIONS

To help Cardholders stay in compliance with the NAVSUPINST 4200.99. This office is aware that not all property purchased will be added to the Units CMR. As per the instructions all pilferable items that have ready resale value or application to personal possession and that are subject to theft must be entered in to an appropriate property control system. Above is a simple way for all Units to be in compliance with the regulations. Property control number is cardholder's initials and the Julian date. Property Item purchased (digital camera, fax, etc...). Manufacturer (Sony, Fellows, etc...). Model Number, Serial Number, Price, and Location (where the property item will be kept). Printed Name of Receiver. Signature of Receiver. Date Property was signed for. The Property Control number must be annotated on the front of the Purchase Request in the space provided. This form must be attached to the back of the purchase request.

