AGENT

COVID -19 REQUISITION

PAGE OF

PO#

DO NOT FILL IN GREY AREAS

Please Type or Print Only

Read Instructions on Procurement Webpage

PURCHASE REQUISITION

DATE: DEPT: MailStop #: REQ #: - - suffix:

SUGGESTED SUPPLIER	REQUISTIONED BY: NAME: TEL 1976 Mail Stop 63
	FINAL DELIVERY POINT (BLDG. ROOM)
	PRICES QUOTED BY
CITY STATE ZIP	SUPPLIER TEL #: QUOTE DATE:

ITEM	COMPLETE DESCRIPTION & SPECIFICATIONS ATTACH ANY & ALL JUSTIFICATION LETTERS DO NOT EXCEED 1O ITEMS PER PAGE	QUAN.	UNIT	PRICE PER UNIT	TOTAL
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
USE CONTINUATION FORM IF MORE SPACE IS REQUIRED				**TOTAL**	$ 0.00

CHECK POINTS

SAMI: Initials:

Log: initials:

Pre enc.: Initials:

COMMENTS:

CHARGE TO

ACCOUNT CODE	OBJECT CODE	AMOUNT

MUST SELECT A COVID -19 ACTIVITY ID:

AUTHORIZED SIGNATURE

TITLE:

AUTHORIZED SIGNATURE [WHEN SECOND SIGNATURE IS NEEDED]

TITLE:

CLEANING SUPPLIES AND EQUIPMENT		COVID_CLN_SPPS	
OTHER SUPPLIES AND EQUIPMENT		COVID_OTH_SPPS	
IT AND TELECOMMUNICATION EQUIPMENT		COVID_IT_TLCOM	
PUBLIC RELATIONS AND EDUCATIONAL MATERIALS		COVID_PUB_REL	
TESTING/MONITORING		COVID_TESTING	
TRANSPORTATION/ESCORT DUTIES/TRAVE		COVID_TRANSP	M
QUARANTINE FACILITIES AND ASSOCIATED ACTIVITIES (NOT INCLUDING PS)		COVID_QRNT_FAC	S
LOCAL ASSISTANCE		COVID_LOC_ASST	W

DISCOUNT:

FOB SHPG. PT.:

FOB DEST.:

COMMENT:

AGENT INITIALS:

DATE COMPL:

BATCH TYPE

COMMODITY GROUP # (if known)

CONTRACT NUMBER (if known)