

ARMY NAF PURCHASE REQUEST

For use of this form, see AR 215-4; the proponent agency is DCSPER

1. NAFI ADDRESS

2. REQUEST NO

TELEPHONE NUMBER

3. DATE

4 ITEMS BEING REQUESTED

ITEM NO. a	DESCRIPTION OF ITEM/SERVICE b	QUANTITY c	UNIT d	EST UNIT PRICE e	ESTIMATED AMOUNT f
1					
2					
3					
4					
5					
6					
7					
8					
9					
				<u>Subtotal</u>	
				<u>5% Surcharge</u>	
				<u>Total</u>	

5. REQUESTED DELIVERY DATE

6. DELIVER TO

7. SOLE SOURCE JUSTIFICATION ATTACHED

8. REQUESTOR'S SIGNATURE AND PRINTED NAME

9. NAFI FUND MANAGER'S SIGNATURE AND PRINTED NAME

Authorized Soldier listed on signature card

10. FUNDS ARE AVAILABLE IN THE AMOUNT OF:

11. ACCOUNTING DATA

\$

12. TYPE TITLE OF CERTIFYING OFFICIAL

SIGNATURE

DATE:

13. REMARKS

ORDER FROM:

APPROVAL/DISAPPROVAL AND DATE (if applicable)

14. INSTALLATION COMMANDER'S SIGNATURE AND PRINTED NAME

DATE: