MILITARY INTERDEPARTMENTAL PURCHASE REQUEST

7. TO:
GSA Region of PM
Street Address
City/State/Zip

8. FROM: (Agency, name, telephone number of originator)
Requesting Agency Organization
Street Address
City/State/Zip

9. ITEMS ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING HAS NOT BEEN ACCOMPLISHED.

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION (Federal stock number, nomenclature, specification and/or drawing No., etc.)</th>
<th>QTY</th>
<th>UNIT</th>
<th>ESTIMATED UNIT PRICE</th>
<th>ESTIMATED TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>e</td>
<td>f</td>
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</tbody>
</table>

Required Information:
- Purpose: Order ID and/or description of services that clearly ties to Part B and task description in ITSS
- Time: Period of Performance of task (not fund) the funds will be applied to
  - For new awards, can list "estimated" or "Date of award + "X" months"
  - If task has been awarded, list POP for task year funds are being provided for (ex: OY2, 09/30/17-09/29/18)
- POP for Non-Severable tasks not required IF provided on Part B
- Client Financial POC name, 10 digit phone number, email address
- DUNS Number or DODAAC for Requesting Agency
- Statutory Authority 40 USC 321
- Cannot accept Economy Act (USC 1535)
- Category Type I (Reimbursable)/Category II (Direct Cite)

Additional Information Conditionally Required:
- CRA Statement for new task awards during CR with current year funds
- SAF (Subject to Availability of Funds) statement
- Removal of SAF statement

10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.

11. GRAND TOTAL

12. TRANSPORTATION ALLOTMENT (Used if FOB Contractor's plant)

13. MAIL INVOICES TO (Payment will be made by)
PAY OFFICE DODAAD

14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.

<table>
<thead>
<tr>
<th>ACNR</th>
<th>APPROPRIATION</th>
<th>LIMIT/ SUBHEAD</th>
<th>SUPPLEMENTAL ACCOUNTING CLASSIFICATION</th>
<th>ACCTS STA DODAAD</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Treasury Account Symbol</td>
<td></td>
<td>Full Line of Accounting</td>
<td>Used for IPAC Billing</td>
<td></td>
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</tr>
</tbody>
</table>

15. AUTHORIZING OFFICER (Type name and title)

16. SIGNATURE

17. DATE
Date Block 16 signed

DD Form 448, JUN 72 (EG) PREVIOUS EDITION IS OBSOLETE.