

ONG HRO-HRD PURCHASE REQUEST FORM

TO: ONG HRO-HRD 2825 W. Dublin Granville Road, Columbus, Ohio 43235; ng.oh.oharnng.list.ngoh-j1-hro-training@mail.mil	DATE:
FROM: <i>(Office/Directorate Name and Address)</i>	ACCOUNTING DATA (Non-HRD) Fund Center: Fund: Cost Center: Functional Area: Discount Terms:
REQUESTOR NAME, RANK, PHONE & EMAIL:	
VENDOR NAME, ADDRESS, POC NAME, PHONE & EMAIL:	

IT IS REQUESTED THAT SUPPLIES AND/OR SERVICES LISTED BELOW AND IN ATTACHED DOCUMENTATION, BE

PURCHASED FOR:	DELIVERED TO:	NO LATER THAN: <i>(Date)</i>
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ITEM	DESCRIPTION OF PRODUCT OR SERVICES TO BE PURCHASED	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST

TOTAL

PURPOSE:

I certify that the supplies and/or services listed above and in the attached documents are properly chargeable to the accounting allotments detailed above, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

DATE:	TYPED NAME AND GRADE OF REQUESTING OFFICIAL:	SIGNATURE:
DATE:	TYPED NAME AND GRADE OF APPROVING OFFICIAL:	SIGNATURE: