

BUMED HQ Purchase Requisition Request							
Workbook Ref #:		Request Type:		PR Revision:		PR Date:	
N- Code:		Sub N-Code:					

Requirement Title:							
Requirement Description & Justification:							
Contract Number				GT&C Number			
Period of Performance (POP)		Start Date:		End Date:			

BUMED Contact Info			
	Name	Email	Phone
Requesting:			
Technical:			
Finance:			

Government Vendor (Command)			
Name:		DODAAC/UIC:	
Commercial Vendor			
Name:		Cage Code:	

Partner Technical and Finance Contact Info							
	Name	Email	Phone				
Technical:							
Finance:							
Finance Mailbox:							
Are there funding instructions from the partner agency (e.g., NAVSEA) for the financial system? If yes, please provide as an attachment			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Yes</td> <td></td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes		No	
Yes							
No							

Fund:		Functional Area:		Special Interest Code (SIC):	
Material Group/Product Service Code (PSC):		If the requirement is for reimbursable services, MG/PSC will be 3590-Gov. GT&C number must be included above			

CLIN/Item	Description	Quantity	Unit	Amend +/-	Amount \$
Basic Total:					
Amending Total:					
Grand Total:					

Director Signature	Department Head Signature	Comptroller Signature
For N85:	Doc Number:	SDN:
		WBS: