

GPCP PURCHASE REQUEST FORM

NAVSUPPACT NAPLES FORM 4200/3 (NEW 8-21)

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| DEPARTMENT: | CONTROL NUMBER: |
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| REQUESTOR NAME & CONTACT INFO: | SUPERVISOR NAME & CONTACT INFO: |
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|------------------|-----------|--------|---------|------------------|--------------|
| PRIORITY: | Immediate | Urgent | Routine | CFMS JON: | DATE: |
|------------------|-----------|--------|---------|------------------|--------------|

| DESCRIPTION | U/I | QTY | Unit Price | Total Price |
|-------------|-----|-----|------------|-------------|
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| Euro Amount | | SHIPPING COST (IF ANY) | |
| USD Conversion | | GRAND TOTAL | |

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| REQUEST JUSTIFICATION: | MARKET COMPARISON (REQUIRED IF MANDATORY SOURCE NOT USED-MINIMUM OF TWO) |
| | VENDOR #1 Name and Price |

| TECHNICAL SCREENING (IF REQUIRED, ATTACH APPROVAL) | |
|--|-------------|
| HAZMAT | Yes No |
| ITPR | Yes No |
| SAFETY OFFICER | Yes No |
| DLA | Yes No |
| VENDOR #2 Name and Price | |
| VENDOR #3 Name and Price | |

| FAR PART 8 REQUIRED SCREENING | SELECTED VENDOR CONTACT INFORMATION |
|-------------------------------|-------------------------------------|
| MANDATORY SOURCE | Yes No |
| STRATEGIC SOURCE | Yes No |

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|------------------------------------|------------------------------------|
| IF REQUIRED SOURCES NOT USED, WHY: | JUSTIFICATION FOR VENDOR SELECTION |
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| 889 Designation: | |
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|----------------------|-------|
| CARDHOLDER | DATE: |
| | |
| APPROVING OFFICIAL | DATE: |
| | |
| APC REVIEW | DATE: |
| | |
| COMPTROLLER APPROVAL | DATE: |
| | |

VERIFY VENDOR CAN SHIP OVERSEAS, SHIPPING METHOD COSTS ARE INCLUDED, AND TAX EXEMPTION APPLIED

GCPC Request Form Guidelines
(To Be Completed by Requestor and Submitted to CH/AO for Approval)

Department – Department making request

Control Number – Department's internal order tracking number

Requestor Name & Contact Info – Requestor cannot be Cardholder

Supervisor Name/Phone/Email – Department Head/Supervisor in charge of funds

Priority – Check priority of request (For departmental purposes only)

CFMS JON – Job Order Number/Line of accounting/Cost Code covering purchase

Date – Date of request

Description – Describe item being purchased. If more room is required, annotate "See Attached" and attach list.

U/I – Select if item is sold as an Unit or Individual

Qty – Quantity requested

Unit Price (USD) – Price per Item

Total Price – Will be automatically calculated

Shipping Cost – Shipping cost vendor is charging

Grand total – Will be automatically calculated

Euro/USD (BER 0.8978)- Built in calculator. Enter amount in Euro. USD amount will be calculated using the budget exchange rate (BER).

Request Justification – Describe why items requested are needed.

Technical Screening – Verify if HAZMAT/ITPR/Safety Officer/DLA approvals are required. If required, check "Yes" and attach approval. If not required, check "No."

FAR Part 8 Required Source – Screening status of mandatory sources(Printing Documents-DLA, IT- N6 approved vendors, Commercial Software – ESI, Copiers/Scanners – DLA) and strategic sources (GSA, FedMall, etc.). Check yes, if screening completed. Check no, if screening not complete. If required sources are not being used, explain why.

Market Comparison – If not using required sources, conduct market research. Compare a minimum of two vendors. Enter vendor names and quoted prices.

Selected vendor contact information – name, address, phone

Justification for Vendor selection – Describe why vendor was selected.

889 Designation – Select appropriate 889 Designation

Form must be signed by all (CH/AO/APC/Comptroller) prior to purchase being made.

For questions, please contact NSA Naples APC, Ana Lensegrav, at 626-5653 or ana.lensegrav@eu.navy.mil