



VDF REQUISITION FORM



Requestor:	Date:
Unit:	Need By Date:

DESCRIPTION OF NEED OR SCOPE OF WORK (Add attachment if needed)

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Suggested Vendor:
Weblink for example of product:
Estimated cost, based on weblink:

MACOM APPROVAL

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Commander Signature:	Date:
Printed Name:	

G4 BUDGET APPROVAL

<input type="checkbox"/> Approve <input type="checkbox"/> Deny	
G4 Signature:	Date:
G4 Printed Name:	

Reason for Denial:

VDF ACTIVE DETACHMENT ONLY

Procurement Procedure Used:	<input type="checkbox"/> Single Quote	<input type="checkbox"/> QQ	<input type="checkbox"/> IFB	<input type="checkbox"/> RFP	<input type="checkbox"/> Contract
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eVA Exempt:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DMBE Certified SWaM Vendor:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor Registered in eVA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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AWARDED VENDOR

Vendor Name:		
Vendor Address:		
City	State	Zip

COMMENTS

Signature:	Date:
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RECEIVED BY	Name:	Signature:	Date:
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Condition Received
