



I. PURCHASE APPROVAL: The items specified are considered in the Agency's best interests, are for official Government business only, and are approved for purchase:													
SIGNATURE OF APPROVING OFFICIAL Type Name: Signature:	Requestor Name: Requisition Number: Bureau/IO or Mission:												
II INSTRUCTIONS TO CARDHOLDERS: Complete this form for each purchase charged to an Agency VISA Purchase Card. Establish funds availability and AO pre-approval prior to executing a transaction. Do not exceed authorized single purchase limit. Ensure purchases are tax exempt. Mission cardholders may apply Value Added Tax (VAT) as applicable.	Assigned Cardholder: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Amount from continuation page</td> <td style="width: 20%;"></td> </tr> </table>	Amount from continuation page											
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SPECIAL INSTRUCTIONS/JUSTIFICATION: 	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Delivery/Shipping/Miscellaneous charges; as applicable. (i.e., VAT and/or Surcharges)</td> <td style="width: 20%;"></td> </tr> <tr> <td>Final Cost</td> <td></td> </tr> </table>	Delivery/Shipping/Miscellaneous charges; as applicable. (i.e., VAT and/or Surcharges)		Final Cost									
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ADDITIONAL APPROVERS as applicable Name/Position Signature:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Deliver to</th> </tr> <tr> <td style="width: 50%; text-align: center;">Office</td> <td style="width: 50%; text-align: center;">Warehouse</td> </tr> <tr> <td style="text-align: center;">Pouch</td> <td style="text-align: center;">Other</td> </tr> <tr> <th colspan="2" style="text-align: center;">Deliver Via</th> </tr> <tr> <td style="text-align: center;">Parcel Post</td> <td style="text-align: center;">UPS</td> </tr> <tr> <td style="text-align: center;">FedEx</td> <td style="text-align: center;">Other</td> </tr> </table>	Deliver to		Office	Warehouse	Pouch	Other	Deliver Via		Parcel Post	UPS	FedEx	Other
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Office	Warehouse												
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Parcel Post	UPS												
FedEx	Other												
ADDITIONAL APPROVERS as applicable Name/Position Signature:	Vendor Name and Address <i>(UEI if applicable)</i>												
III. Mandatory Source of Supply:	Is the selected vendor from a Mandatory Source of Supply per FAR Part 8? Yes, or No? If no; please explain market research performed												
IV. Purchases above the Micro-Purchase Threshold	For purchases above the micro-purchase threshold, was the vendor selected considered "Sole Source"? Yes, or No? If yes, please explain:												
V. Receipt of Goods or Services	For purchases above the micro-purchase threshold, please list vendors selected for competition:												
Type Name: _____ Office: _____ Signature: _____	Building: Room Number: Date Received:												

