

# AID FORM 518-4 SUPPLIES/EQUIPMENT/SERVICES-REQUISITION

## **PRIVACY ACT STATEMENT**

Authorities: The following statement is required by the Privacy Act of 1974, 5 U.S.C. § 552a.

**Purpose:** The information on this form is solely used to receive, process, and maintain requests for supplies, equipment, and services.

**Routine Uses:** No one other than the Management Bureau, Office of Management Services, Headquarters Management Division (M/MS/HMD), will have access to this form and information.

**Disclosure:** Disclosure is voluntary. However, without the requested information, M/MS/HMD will not be able to process any requests.

# FOR USE OF OFFICE OF ADMINISTRATIVE SERVICES

#### SECTION I.

Purchase Order Number:

**Requisition Number:** 

#### SECTION II.

#### TO: (Check appropriate box).

Consolidated Property and Services Division Management/Management Services/Headquarters Management Division (M/MS/HMD), (Clearance, Printing Graphics and Supply Processing)

Automation Support (Management/Cheif Information Office (M/CIO) (Clearance on Automatic Data Processing (ADP) Procurement)

Administrative Purchasing Division (M/MS/HMD), (Final Order Processing)

SECTION III.				
Authorizing Official (Typed Name):	Title:			
Signature:	Date Issued:	Date Required:		



### **SECTION IV.**

Description of Material or Item Number Services Required

Quantity Unit of Issue

For Management/ Administrative Services (M/MS) Use **\*ONLY**\*



Justification:

SECTION V.

Priority

Routine (20 Days)

Urgent (5 Days)

Additional justification, if urgent:

SECTION VI.

	DELIVER TO		FUNDING INFORMATION
Name:	Room Number:	Phone Number:	Appropriation:
Division:	Branch:		Obligation:
			U U
Deceived by		Data	
Received by:		Date:	



### **INSTRUCTIONS FOR COMPLETING AID FORM 518-4**

**SECTION I.** Enter the purchase order number and requisition number. This part should be completed by Office of Administrative Services (M/MS).

**SECTION II.** Select office this request should be sent. Select appropriate box.

**SECTION III.** Enter name of the Authorizing Official, Title, Date Issued, Date Required and Signature.

**SECTION IV.** Enter list of Material or Services Required. Include following detials: Item Number, Description of Material or Services Required, Quantity, Unit of Issue. The last column in this section is reserved for use by M/MS only. Enter Justification for requested material or services.

**SECTION V.** Select priority for this request. If urgent is selected, enter justification.

**SECTION VI.** Enter delivery information such as Name, Room number, Phone number, Division, Branch, Received by and Received Date. Enter funding information such as Allotment, Appropriation and Obligation.