

**Hand carry or fax completed form to the
HMCC bldg 1315, fax # 598-1449.
If faxing, please call 598-1311 to
confirm receipt.**

HMCC Special Purchase Request
(New Product and Local Purchase)

Unit/Activity Information:

Unit/Activity/Shop Name: _____

Unit APC: _____ Fund: _____

Point of Contact: _____ Email Address: _____

Telephone #: _____ Fax #: _____

Justification (Need for Product Now or Outside of Gov't Supply System):

Required By (TM, job#, special tasking, etc) _____

Product Information:

NSN: (if applicable): _____

Military Specification (if applicable): _____

Nomenclature: _____

Part Number: _____

Container Size: _____ Type of Container (Plastic, Glass, Can.): _____ Unit of Issue: _____
(break kit components down by unit of measurement below)

Unit of Measurement: _____ Unit Price: _____ Extended Price: _____

Unit of Measurement: _____ (for kit components)

Unit of Measurement: _____ (for kit components)

Source of Supply (Full Completion of Gray Area Below Will Ensure Quicker Procurement) :

Manufacturer/Supplier Name & POC: _____

Address: _____

Telephone # _____ Fax #: _____

Has Manufacturer/Supplier Been Contacted to Ensure Product Info Is Accurate and Product Is Available?

Yes No **(If no, lengthy delays are possible.)**

Priority (Need By): 1-2 Days 3-5 Days 7-14 Days 14+Days

Does AUL include this product? Yes No (if no, contact Environmental Coordinator first)

Is this a one-time or rare need? Yes No If no, usage _____ per day/week/month (*circle one*)

Is there a Minimum Purchase Qty Required, if so, how many? _____

Appendix E to Hazardous Material Control Center and Hazardous Waste Accumulation Site
External Standard Operating Procedures 1 February 2007

Signature _____ Print Name _____