

<p><u>Small Business – Small Purchases Set-aside.</u>  The following clause applies to all purchases not over \$25,000 when the purchase is to a small business. It must be read orally to all contractors solicited by telephone.</p> <p>SAR 52.219-4 “Notice of Small Business – Small Purchase Set-aside (Aug 1988).” Quotations under this acquisition are solicited from Small business concerns only. If this purchase is for supplies, it will be made only from a small business concern providing the product of another manufacturer. In either case, such product must be manufactured or produced in the United States, its territories, or possessions, Puerto Rico, or the Trust Territory of the Pacific Islands. Quotations that are not from small business shall not be considered and shall be rejected.</p>				QUOTER ADDRESS		QUOTER ADDRESS		QUOTER ADDRESS	
				PURCHASE/D.O.NO./FSS CONTRACT		PURCHASE/D.O.NO./FSS CONTRACT NO.		PURCHASE/D.O.NO./FSS CONTRACT NO.	
				IMPREST FUND NO./BPA NO.		IMPREST FUND NO./BPA NO.		IMPREST FUND NO./BPA NO.	
				TELEPHONE ( )		TELEPHONE ( )		TELEPHONE ( )	
				PERSON CONTACTED		PERSON CONTACTED		PERSON CONTACTED	
				DELIVERY QTD	DISCOUNT TERMS	DELIVERY QTD	DISCOUNT TERMS	DELIVERY QTD	DISCOUNT TERMS
				FOB POINT: <input type="checkbox"/> DEST <input type="checkbox"/> GOV PICKUP <input type="checkbox"/> OTHER	<input type="checkbox"/> GOV PICKUP	FOB POINT: <input type="checkbox"/> DEST <input type="checkbox"/> GOV PICKUP <input type="checkbox"/> OTHER	<input type="checkbox"/> GOV PICKUP	FOB POINT: <input type="checkbox"/> DEST <input type="checkbox"/> GOV PICKUP <input type="checkbox"/> OTHER	<input type="checkbox"/> GOV PICKUP
Remarks:		EST TRANS	COD/IMPREST FUND	EST TRANS	COD/IMPREST FUND	EST TRANS	COD/IMPREST FUND		
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> SB <input type="checkbox"/> LB	<input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> SMALL DISADV	<input type="checkbox"/> SB <input type="checkbox"/> LB	<input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> SMALL DISADV	<input type="checkbox"/> SB <input type="checkbox"/> LB	<input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> SMALL DISADV		
		QUOTE DATE	ORDER PLACED	QUOTE DATE	ORDER PLACED	QUOTE DATE	ORDER PLACED		
ITEM NO.	DESCRIPTION	QTY	U/I	UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT	UNIT PRICE	AMOUNT
BUYER SIGNATURE				TOTAL AMOUNT \$		TOTAL AMOUNT \$		TOTAL AMOUNT \$	
DATE OF ORDER			CALL NO.						



INTRA-ACTIVITY REQUISITION/SMALL PURCHASE DOCUMENTATION SHEET

REQUESTER			DATE			
ITEM NO.	FSC	DESCRIPTION NATL. STOCK NO., SPEC. AND/OR DRAWING NO., ETC.)	QUANTITY	UNIT	ESTIMATED AMOUNT	ESTIMATED AMOUNT
					GRAND TOTAL	

DATE REQUIRED	PRIORITY	REQUISITION NUMBER
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ACCOUNTING DATA TO BE CITED ON RESULTING CONTRACTS								
APPROPRIATION	SUBHEAD	OBJ. CLASS	BU. CONTROL	SA	AAA	TT	PAA	COST CODE

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I CERTIFY THAT THE FUNDS CITED ARE PROPERLY CHARGEABLE FOR ITEMS REQUESTED.	AUTHORIZING OFFICIAL (NAME, TITLE, AND SIGNATURE)	DATE
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**FOR USE BY PURCHASE PERSONNEL**

RESULTS OF SCREENING

<input type="checkbox"/> Federal Prison Industries (FPI) <input type="checkbox"/> Blind and Other Severely Handicapped <input type="checkbox"/> Federal Supply Schedule (FSS) <input type="checkbox"/> Mandatory FSS <input type="checkbox"/> Optional FSS <input type="checkbox"/> Multiple Award <input type="checkbox"/> Award to Lowest Source <input type="checkbox"/> Award to other than Lowest Source <input type="checkbox"/> Single Award <input type="checkbox"/> Other DoD Contract <input type="checkbox"/> Acquisition Value of Government furnished property \$ _____ <input type="checkbox"/> SB Set Aside Dissolved (attach memo) <input type="checkbox"/> Information System (Computer) Resources (CO approval required)	Foreign Item <input type="checkbox"/> No <input type="checkbox"/> Yes, Justification attached  NSN <input type="checkbox"/> No <input type="checkbox"/> Yes, Justification for open market purchase  <input type="checkbox"/> Requirements met for Items requiring Special attention per KAVSUPI NST 4200.85 <input type="checkbox"/> Warranty required <input type="checkbox"/> Variation in Quantity ____ \$ <input type="checkbox"/> DO Rating _____
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