

Product or Service Request Form

Product: _____

- Description: _____
- Quantity: _____
- Price: _____

Office address and POC for receipt and back up POC:

Requested Vendor:

Required Date for Item:

Sources:

[GSA](#):

UNICOR: N/A

Other sources:

- _____
- Justification: Provide an affirmative statement that the required sources (GSA or AbilityOne) did not have the goods or services needed.

By completing this form, the requestor is confirming that the required products were not available in the requested quantities through the mandatory sources of AbilityOne, GSA, Agency inventory and excess of from other agencies.