

Purchase Card Acquisition CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

(Not for Personal use Items)

Receiving Report # _____ Warehouse Use				
Vendor Name:			Phone Number:	
Requisitioning Department:				
Requestor Name (Please Print):			Date Ordered:	
STOCK NO.	QUANTITY/UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
TOTAL AMOUNT				\$0.00
Bureau of Prisons Tax ID: #53-0205705				
Accounting code (If other than default):				
Card Holder Signature:			Date Requested:	
Approving Official:			Date Approved:	
Cost Center Manager (If different from AO):		YREGDOC NO. (Fund Control):	Date Approved:	
Warehouse:			Date Approved:	

Original - Cardholder; Copy 1 - Approving Official; Copy - Warehouse