

1122 GSA Purchase Authorization Request*(GSA Schedule Items Only)*

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Counter-Drug**Homeland Security****Emergency Response**

Date: _____

Ordering Agency				
Agency Name:			Agency #:	
Address:				
City:			Zip:	
POC:				
Email:				
Phone #:		Cell #:		Fax #:
Ship to				
Agency Name:				
ATTN:				
Address:				
City:			Zip:	
Order Justification				
Selected Vendor				
Company Name:			GSA Contract #:	
GSA Schedule/SIN #	—		FEIN #:	
Address:				
City, State:			Zip:	
POC:				
Email:				
Phone:			Fax:	
Selected Vendor Justification				

1122 Program Use Only

Reviewed by 1122 Staff: _____		1122 Review Date: _____		
Approved	Disapproved	Reason for non-approval:	Non-GSA Vendor Non-GSA Item Savings Insufficient Justification Insufficient	Vendor Justification Insufficient Non-DHS Approved Equipment List Other <i>(please explain below)</i>
Comments				

Ordering Agency

Agency Name:

Agency #:

POC:

Email:

Phone #:

Cell #:

Fax #:

Catalog # *DHS-AEL #	Item Description	Quantity	Unit Price	Cost	Retail Price	Savings	% Saved
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Submission of this form acknowledges my express authority to approve purchases for equipment/supplies on behalf of the requesting entity, the items requested herein are fully funded and all necessary internal approvals have been received.

Please submit this form via email to:

ny1122.spoc@ogs.ny.gov

Subtotal	
Tax	
Shipping	
Order Total	

(GSA Schedule Items Only)

Date: _____

Fax #:

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Subtotal	
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