

# 1122 GSA Purchase Authorization Request

*(GSA Schedule Items Only)*

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

Date: \_\_\_\_\_

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

**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				





