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| PURCHASE REQUEST | | 1. Date of request 21 April 93 | 2. Delivery required by 31 March 94 | 3. Purchase request number 330/0102Z/93-01 | |
| INSTRUCTIONS - ORIGINAL AND 8 COPIES | | | | | |
| 4A. Authorized Approving Official or Designee (DIAM 44-2) | | 5A. Funds are certified available and have been committed | | | |
| Signature <u>Director</u> <u>JOHN T. BERBRICH, Office for S & TI</u> Type Name _____ Date _____ | | Accounting classif _____ | | 5B. Amount 130,000 \$170,000.00 | |
| 4B. Name, Ext, and Signature of Designated Supply Coordinator (DIAM 25-1) | | 5C. Name and signature of Certifying Official | | | |
| Signature _____ Type Name _____ Date _____ | | Signature _____ Type Name _____ Date _____ | | | |
| 6. Element POC/COTR | | Telephone No. _____ | | Office Symbol DTI-S | |
| 7A. Ship To: Director DIA Washington, D.C. 20340-6150 | | 7B. Mark for: (DTI-S: _____) | | SG1J | |
| 8A. Stock/Item No. | Description of Supplies or Services | Quantity | Unit | Estimated Price | Estimated Amount |
| | RELEASE OF FUNDS FOR EXTERNAL ANALYSIS Sole Source with SAIC for foreign data assessment and support (phenomenological) <i>170K O/M monies are withdrawn and replaced by 130K of RDP40 monies</i> | | | | \$170,000.00 <i>130,000</i> |
| 9. <input type="checkbox"/> Recurring requirement GSA Schedule Number (if known) _____ Acquisition Plan No. _____ | | | | 8B. Total <i>\$130,000</i> \$170,000.00 | |
| 10. Action Office if External to DIA: _____ | | Other: _____ | | | |
| Interservice Support Agreement No: _____ | | External POC: _____ | | | |
| 11. Justification/Remarks Funds for this effort are provided by This request permits evaluation/exploitation of new foreign data. It is a modification to existing line items in the existing over-all phenomenological effort (PR 330/026Z/92). <i>the continuation of the existing RDP contract to provide.</i> | | | | | |
| 12A. Requisition Number/Other | | 13A. Coordinations <input type="checkbox"/> CRRB <input type="checkbox"/> SADPO | | | |
| 12B Logistics Branch Action Officer/Phone No. Date _____ | | DTI-3D _____ GC _____ OC-4 _____ DPS-2 _____ OC-5 _____ DTI-2B _____ DTI-2B _____ OC-2 _____ DPP-1 _____ | | | |
| 12C. Method <input checked="" type="checkbox"/> Contracting and Acquisition Office <input type="checkbox"/> Other: _____ | | 13B. Approvals <input type="checkbox"/> Not required (DIAR 44-4) AAP _____ OFPB _____ SADPO _____ ACA _____ | | 13C. Budget Reporting Code R400 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12D. Received By: (Signature) | | 14A. Action Assigned To: Contract Specialist: _____ | | 14B. Date | |

