

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: _____

E-Mail: _____

Phone #: _____ Cell#: _____ Fax #: _____

Ship to

Agency Name: _____

ATTN: _____

Address: _____

City: _____ Zip: _____

Order Justification:

Selected Vendor

Company Name: _____ GSA Contract #: GS / _____

GSA Schedule/ SIN # _____ FEIN #: _____

Address: _____

City, State: _____ Zip: _____

POC: _____

E-Mail: _____

Phone: _____ Fax: _____

Selected Vendor Justification:

1122 Program Use Only

Reviewed by 1122 staff _____		1122 Review Date: _____	
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Reason for non-approval:	<input type="checkbox"/> Non-GSA Vendor <input type="checkbox"/> Non-GSA Item <input type="checkbox"/> Savings Insufficient <input type="checkbox"/> Justification Insufficient
			<input type="checkbox"/> Vendor Justification Insufficient <input type="checkbox"/> Non DHS Approved Equipment list <input type="checkbox"/> Other (please explain below)
Comments			

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Date _____

Ordering Agency

Agency Name: _____ Agency #: _____

POC: _____ Email _____

Phone #: _____ Cell#: _____ Fax #: _____

Catalog # *DHS-AEL #	Item Description	Quantity	Unit Price	Cost	Retail Price	Savings	%Saved

				Subtotal			
				Tax:			
				Shipping:			
				Order Total:			

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:	