REQUEST FOR COMMUNICATIONS SERVICE	DATE:	REQUEST NO:

TO: *(Include ZIP Code)*	**FROM:** *(Name,Telephone No, Base or Organization; Include ZIP Code)*

INITIATING AGENCY'S PROCUREMENT DATA

1. SERVICE BY: *(Name and address of Commercial Company)*	2. TYPE ACTION:	3. DCA/CSA REF NO:	4. TELEPHONE/BILL NO:
5. LOCATION OF SERVICES: *(Describe System or Service)*			6. DATE SERVICES REQUESTED OR EFFECTIVE DATE:

7. FUNDS CERTIFICATION: *(Recurring and Nonrecurring for which balances are sufficient to cover cost and funds have been committed)*

8. SERVICES REQUESTED *(List Items and estimated cost obtained from commercial company)*

ITEM A	DESCRIPTION B	USOC C	NUMBER D	NON-RECURRING CHARGE E	RECURRING CHARGE PER MONTH	
					PER UNIT F	TOTAL G
					GRAND TOTAL	
					ANNUAL COSTL	

9. AVAILABILITY OF SYSTEM FACILITIES/SUPPORTING STRUCTURES

☐ EXISTING ☐ PROGRAMMED

10. DATE AVAILABLE:

REQUIREMENTS DOCUMENTS NUMBER:

11. JUSTIFICATION AND REMARKS:

TYPE NAME, GRADE, PHONE NO, AND TITLE OF REQUESTING OFFICER:	SIGNATURE:

12. COORDINATION SECTION

OFFICES	DATE	SIGNATURE	OFFICES	DATE	SIGNATURE

13. SUBMIT BILLS TO:	FUNDS CERTIFICATION SIGNATURE:
14. DISBURSING OFFICE:	

15. APPROVING AGENCY'S COMMENTS

TO: *(Include ZIP code)*	**FROM:** *(Include ZIP code)*
CHECK APPLICABLE BOX ☐ APPROVED ☐ DISAPPROVED	DATE:

REMARKS:

DATE:	TYPE NAME, GRADE AND TITLE OF APPROVING OFFICER:	SIGNATURE: