REQUEST FOR SUPPLIES AND/OR SERVICES

REQUIRED DATE			
FROM PROG & ACCTG BR	FROM		DATE
TO SUPPLY & MAINT DIV	APPROV'D BY	REQUESTOR	PHONE

ITEM NO.	REQUISITION NO.	MCN/NSN	NOMENCLATURE & PART NO. (ALSO NAME OF VENDOR TO BE CONTACTED	QTY	UNIT OF ISS	EST UNIT COST	QTY RECD	TOTAL COST

21X4991.0257 57 s34-031 SFDB BK-9

FAC#	WORK ORDER NO.	COMPONENT OR PHASE/CODE	AP CODE

I certify that the supplies listed hereon were received, inspected, and accepted, that they conform to requirements, that distribution of supplies will be made as indicated hereon. Unused portion of "FRINGE" supplies will be returned to stock.

RECEIVER OF SUPPLIES	WHSE REC CLERK	C, SUPPLY MAINTENANCE BRANCH W44DQ7

FS Form 666
(DPW) Rev 1 May 01