

ABSTRACT SUMMARY (FORM PROC-02, Rev. 10.08.22)

APPROVAL ROUTING:

1. Requisitioner _____ / /

2. UOG Unit Head _____ / /

3. Certifying Officer _____ / /

4. Approving Officer _____ / /

5. Procurement _____ / /

Vendor No. _____ Requisition No. _____ PO No. _____

UOG Unit & Dept: _____

Unit's Internal Tracking Number: _____

Requestor's Name, Signature, Date: _____

Justification for Purchase: _____

URGENT [] Yes [] No

Funding for this Purchase Comes from (check all that apply): [] Gov Guam [] Y Account [] Federal [] Other _____ (specify)

I CERTIFY THAT THE FOREGOING STATEMENT OF INFORMAL QUOTATION IS TRUE AND CORRECT AND PRICES CHARGED ARE JUST, FAIR, AND REASONABLE, AND THE BEST OBTAINABLE FOR THE DESCRIBED BELOW.		Date Quote Obtained:		Date Quote Obtained:		Date Quote Obtained:		
		Vendor Name:		Vendor Name:		Vendor Name:		
Requisitioner's Name	Process Date	DELIVERY Date: _____ weeks		DELIVERY Date: _____ weeks		DELIVERY Date: _____ weeks		
Requisitioner's Signature	Phone #	Quoted By:		Quoted By:		Quoted By:		
		Phone #: _____		Phone #: _____		Phone #: _____		
Item Description	QTY	Unit	Unit Price	Total Amount	Unit Price	Total Amount	Unit Price	Total Amount
1.								
2.								
3.								
4.								
5.								
		Mat. Costs						
		Amt. Disc.						
		NET TOTAL						

Remarks (for use to make notes on payment types, Names of Authorized Buyers on the PO, etc.) NOTE: BPAs should include authorized buyers, Name & # of POC, and expiration disclosure on printed comments of REQ.	PAYMENT DETAILS			
	ADVANCE PAY REQUEST Yes [] No [] [] LOCAL (Memo Attached) [] CONUS/OCONUS (ref: Century 21 Bill)		CREDIT CARD PAYMENT [] YES [] NO	ACH/EFT [] YES [] NO
			G/L Account Owner	Initial
	G/L & Obj CD # _____ (%)		Name:	
	G/L & Obj CD # _____ (%)		Name:	