BUYER CODE_____ AAP PREVIOUS PO # _____

VENDOR NAME_____ VENDOR EMAIL_____

VENDOR TELEPHONE ( ) _____

COR/POC NAME_____ COR/POC TELEPHONE ( ) _____

_____ PURCHASE ORDER _____ TASK ORDER _____ WOMAN OWNED

_____ COMPETITIVE _____ NON-COMPETITIVE _____ VETERAN OWNED

_____ LARGE BUSINESS _____ INTER-GOVERNMENTAL _____ SDVOSB

_____ NEGOTIATED _____ ADVERTISED _____ HUBZONE

_____ EDUCATION _____ NON-PROFIT _____ SDB

_____ SMALL BUSINESS _____ 8(a)

_____ FEDERAL SUPPLY SCHEDULE

EXTERNAL CONTRACT #_____ EXPIRATION DATE_____

SOLICITATION PROCEDURES:

_____ FEDBID _____ GSA-E-BUY

_____ FEDBIZOPPS _____ ORAL

_____ ASFI _____ WRITTEN

DISTRIBUTION INSTRUCTIONS:

VENDOR _____

CENTRAL RECEIVING_____

OTHER SHIP TO_____

REQUIRING ACTIVITY_____

G8 _____

PAY STATION:

[ ] INDIANAPOLIS [ ] ROME [ ] OTHER_____

DEL_____ POP_____ PR # _____

DATE RECEIVED_____

FORM
FHT MAY 2007 **715X4** (DOC)