

**DEPARTMENT OF HOMELAND SECURITY
PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder: (b)(6),(7)(c)		2. Cardholder Telephone Number: +1 (904) 288-(b)(6),(7)(c)		3. Cardholder Email Address: (b)(6),(7)(c)		4. Component: ICE		5. Program/Office: ERO - CAP	
6. Requestor Name: (b)(6),(7)(c)		7. Requestor Phone Number: +1 (850) 504-(b)(6),(7)(c)		8. Date of Request: 04/23/2013		9. Document ID Number: TAL-			
10. Ship To Address: 1530 COMMONWEALTH BUSINESS DRIVE				11. City: TALLAHASSEE		12. State: FL		13. Zip Code: 32308	
14. Vendor Name: GSA ADVANTAGE				15. Vendor POC: N/A		16. Vendor Phone Number: +1 (800) 525-(b)(6),(7)(c)			
17. Vendor Address: N/A				18. City:		19. State:		20. Zip Code:	

21. Detailed Justification for Purchase:
MISSION ESSENTIAL SUPPLIES NEEDED BY CAP UNIT.

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotal	29. Date Received
1	REPOSITIONAL TAPE FLAG	7510-01-315-2019					
2	sparco binder 1.5	spr05721			(b)(4)		
3							
4							
5							
6							
7							
8							
9							
10							

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID

32. ESTIMATED ORDER TOTAL: 21.81

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request
<input type="checkbox"/> 2. Excess Prty from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding
<input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 8. Commercial	<input type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal
			<input type="checkbox"/> 5. OGC-Awards
			<input type="checkbox"/> 6. Accountable Property
			<input type="checkbox"/> 7. Other

Printed Funding Official Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Approving Official Name and Title: _____ Date: _____ SIGNATURE: _____

Card Holder Name: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: (b)(6),(7)(c) Date: 4/23/13 SIGNATURE: (b)(6),(7)(c)



**DEPARTMENT OF HOMELAND SECURITY
PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder: (b)(6),(7)(c)	2. Cardholder Telephone Number: +1 (904) 288 (b)(6),(7)(c)	3. Cardholder Email Address: (b)(6),(7)(c)	4. Component: ICE	5. Program/Office: ERO - CAP
6. Requestor Name: (b)(6),(7)(c)	7. Requestor Phone Number: +1 (850) 504 (b)(6),(7)(c)	8. Date of Request: 04/17/2013	9. Document ID Number: TAL-13-010	
10. Ship To Address: 1530 COMMONWEALTH BUSINESS DRIVE		11. City: TALLAHASSEE	12. State: FL	13. Zip Code: 32308
14. Vendor Name: GSA ADVANTAGE		15. Vendor POC: N/A	16. Vendor Phone Number: +1 (800) 525 (b)(6),(7)(c)	
17. Vendor Address: N/A		18. City:	19. State:	20. Zip Code:

21. Detailed Justification for Purchase:
MISSION ESSENTIAL - Flag set needed for new ERO Bldg.

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	U.S. Flag Set (Indoor)	8345-01-295-5987			(b)(4)		
2							
3							
4							
5							
6							
7							
8							
9							
10							

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID

32. ESTIMATED ORDER TOTAL: 239.22

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES		TO SPECIAL APPROVALS NEEDED	
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request	<input type="checkbox"/> 5. OGC-Awards	
<input type="checkbox"/> 2. Excess Ptry from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions	<input type="checkbox"/> 6. Accountable Property	
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding	<input type="checkbox"/> 7. Other	
<input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 8. Commercial	<input type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal		

UNCLASSIFIED//NOFORN INFORMATION

Printed Funding Official Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Approving Official Name and Title: _____ Date: _____ SIGNATURE: _____

UNCLASSIFIED//NOFORN INFORMATION

Card Holder Name: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: _____ SIGNATURE: _____

UNCLASSIFIED//NOFORN INFORMATION

Printed Name and Title: (b)(6),(7)(c) Date: 4/17/13 SIGNATURE: (b)(6),(7)(c)

DEPARTMENT OF HOMELAND SECURITY
PURCHASE CARD TRANSACTION WORKSHEET

1. Name of Cardholder: (b)(6),(7)(c)	2. Cardholder Telephone Number: +1 (904) 288 (b)(6),(7)(c)	3. Cardholder Email Address: (b)(6), (b)(7)(C)	4. Component: ICE	5. Program/Office: ERO - CAP
6. Requestor Name: (b)(6),(7)(c)	7. Requestor Phone Number: +1 (850) 504 (b)(6),(7)(c)	8. Date of Request:	9. Document ID Number: TAL-13-010	
10. Ship To Address: 1530 COMMONWEALTH BUSINESS DRIVE		11. City: TALLAHASSEE	12. State: FL	13. Zip Code: 32308
14. Vendor Name: GSA ADVANTAGE		15. Vendor POC: N/A	16. Vendor Phone Number: +1 (800) 525 (b)(6),(7)(c)	
17. Vendor Address: N/A		18. City:	19. State:	20. Zip Code:

21. Detailed Justification for Purchase:
MISSION ESSENTIAL EQUIPMENT AND SUPPLIES NEEDED BY CAP UNIT.

1,3,7- for NEW processing Area

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	Desk Org Horz 6 shelf	7520-01-457-0719				(b)(4)	
2	organizer deluxe, desk,	unv08110					
3	Waste basket, black	1358bk					
4	Pen black	bln75a					
5	COLUMBIAN ENV. clasp	wevco798					
6	TONER:HP LJ 1522n	CB436A					
7	PAD,T46140 1-5/8 DIA,BK	USSP46140BK					
8	HP 2035 toner	ce505a					
9							
10							

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID

32. ESTIMATED ORDER TOTAL: 462.42

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED	
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request	<input type="checkbox"/> 5. OGC-Awards
<input type="checkbox"/> 2. Excess Pnty from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions	<input type="checkbox"/> 6. Accountable Property
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding	<input type="checkbox"/> 7. Other
<input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 8. Commercial	<input type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal	

Printed Funding Official Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Approving Official Name and Title: _____ Date: _____ SIGNATURE: _____

Card Holder Name: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: _____ SIGNATURE: _____

Printed Name and Title: _____ Date: *4.10.13* SIGNATURE: (b)(6),(7)(c)

**DEPARTMENT OF HOMELAND SECURITY
PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder: (b)(6),(7)(c)	2. Cardholder Telephone Number: +1 (904) 288-(b)(6),(7)(c)	3. Cardholder Email Address: (b)(6),(7)(c)	4. Component: ERO	5. Program/Office: ERO - CAP
6. Requestor Name: (b)(6),(7)(c)	7. Requestor Phone Number: +1 (904) 288-(b)(6),(7)(c)	8. Date of Request: 07/11/2012	9. Document ID Number: TAL-13-011	
10. Ship To Address: 1350 Commonwealth Business Drive		11. City: JACKSONVILLE	12. State: FL	13. Zip Code: 32305
14. Vendor Name: WHITAKER BROTHERS, INC.		15. Vendor POC: BRENDA PALO	16. Vendor Phone Number: +1 (800) 243-(b)(6),(7)(c)	
17. Vendor Address: 3 TAFT COURT		18. City: ROCKVILLE	19. State: MD	20. Zip Code: 20850

21. Detailed Justification for Purchase:
LEVEL 6 SECURITY SHREDDER NEEDED FOR ERO OPERATIONS - MEETS NSA STANDARDS.

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	DESTROYIT SHREDDER	2603/2SMC			(b)(4)		
2							
3							
4							
5							
6							
7							
8							
9							
10							

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID Number: 32. ESTIMATED ORDER TOTAL: 2,299.00

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request <input type="checkbox"/> 5. OGC-Awards
<input type="checkbox"/> 2. Excess Ppty from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions <input type="checkbox"/> 6. Accountable Property
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional	<input type="checkbox"/> 3. Optional	<input type="checkbox"/> 3. Branding <input type="checkbox"/> 7. Other
<input type="checkbox"/> 4. ABILITY ONE	<input type="checkbox"/> 8. Commercial	<input type="checkbox"/> 4. Commercial	<input type="checkbox"/> 4. Legal

PRINTING OFFICIAL - TO NOTICIALE INFORMATION

Printed Funding Official Name and Title: Date: SIGNATURE:

APPROVING OFFICIAL - TO NOTICIALE INFORMATION

Printed Approving Official Name and Title: Date: SIGNATURE:

PURCHASER/PROVIDER INFORMATION

Card Holder Name: Date: SIGNATURE:

IF THE GOVERNMENT HAS BEEN RECEIVED FROM THE SUPPLIER, SIGNATURE OF APPROVING OFFICIAL

Printed Name and Title: Date: SIGNATURE:

IF THE GOVERNMENT HAS BEEN RECEIVED FROM THE SUPPLIER, SIGNATURE OF APPROVING OFFICIAL

Printed Name and Title: Date: SIGNATURE:

TO COPY: USER SIGNATURE FOR ERO

Printed Name and Title: Date: SIGNATURE:
(b)(6),(7)(c) SDDO 4/16/2013 (b)(6),(7)(c)



**DEPARTMENT OF HOMELAND SECURITY
PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder: (b)(6),(7)(c)		2. Cardholder Telephone Number: +1 (904) 288 (b)(6),(7)(c)		3. Cardholder Email Address: (b)(6),(7)(c)		4. Component: ICE		5. Program/Office: ERO - CAP	
6. Requestor Name: (b)(6),(7)(c)		7. Requestor Phone Number: +1 (850) 942 (b)(6),(7)(c)		8. Date of Request: 03/13/2013		9. Document ID Number: TAL-13-009			
10. Ship To Address: (b)(6),(7)(c)				11. City: TALLAHASSEE		12. State: FL		13. Zip Code: 32308	
14. Vendor Name: GSA ADVANTAGE				15. Vendor POC: N/A		16. Vendor Phone Number: +1 (800) 525 (b)(6),(7)(c)			
17. Vendor Address: N/A				18. City:		19. State:		20. Zip Code:	
21. Detailed Justification for Purchase: MISSION ESSENTIAL EQUIPMENT AND SUPPLIES NEEDED BY CAP UNIT.									
22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received		
1	TONER FOR HP 1320X	49X / Q5949X							
2	TONER FOR HP 2015	Q7553X							
3	TONER FOR HP 4250	Q5942XC							
4	TONER FOR HP 5550 blk	C97302-R							
5	TONER FOR HP 5550 mag	THR C9733							
6	TONER FOR HP 3800	Q7581A C							
7	TONER FOR PHASER 4500	113R656							
8	TONER FOR PHASER 5550	106501204							
9	RED MARKERS	7520-00-973-1062							
10	STAPLERS	7520-01-467-9432							
ACCS 30. Accounting Data:									
FMS 31. Purchase Log ID						32. ESTIMATED ORDER TOTAL: 1,023.08			
33. TO REQUIRED SOURCES for SUPPLIES			TO REQUIRED SOURCES for SERVICES			TO SPECIAL APPROVALS NEEDED			
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request			<input type="checkbox"/> 5. OGC-Awards			
<input type="checkbox"/> 2. Excess Prty from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions			<input type="checkbox"/> 6. Accountable Property			
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding			<input type="checkbox"/> 7. Other			
<input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 8. Commercial	<input type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal						
34. FUNDS VERIFICATION OFFICIAL INFORMATION									
Printed Funding Official Name and Title:					Date:		SIGNATURE:		
35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION									
Printed Approving Official Name and Title:					Date:		SIGNATURE:		
36. PURCHASE CARD HOLDER INFORMATION									
Card Holder Name:					Date:		SIGNATURE:		
37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)									
Printed Name and Title:					Date:		SIGNATURE:		
38. PROPERTY CUSTODIAN INFORMATION (property Accountability)									
Printed Name and Title:					Date:		SIGNATURE:		
39. LOCAL USE SIGNATURES (If needed)									
Printed Name and Title: (b)(6),(7)(c)					Date: 03/13/2013		SIGNATURE:		

**DEPARTMENT OF HOMELAND SECURITY
PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder: (b)(6),(7)(c)	2. Cardholder Telephone Number: +1 (904) 288 (b)(6),(7)(c)	3. Cardholder Email Address: (b)(6),(7)(c)	4. Component: ICE	5. Program/Office: ERO - CAP
6. Requestor Name: (b)(6),(7)(c)	7. Requestor Phone Number: +1 (850) 942 (b)(6),(7)(c)	8. Date of Request: 02/07/2013	9. Document ID Number: TAL-13-008	
10. Ship To Address: (b)(6),(7)(c)	11. City: TALLAHASSEE	12. State: FL	13. Zip Code: 32308	
14. Vendor Name: GSA ADVANTAGE	15. Vendor POC: N/A	16. Vendor Phone Number: +1 (800) 525 (b)(6),(7)(c)		
17. Vendor Address: N/A	18. City:	19. State:	20. Zip Code:	

21. Detailed Justification for Purchase:
MISSION ESSENTIAL EQUIPMENT AND SUPPLIES NEEDED BY CAP UNIT.

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	HP LASERJET P2035 PRINTE	CE461A				(b)(4)	
2	TONER FOR HP 2035	CE505A					
3	COPY PAPER	UNV242OPLT					
4	Clear/sealevidence bags	8105-00-334-4120					
5	Packaging Tape	7510-01-579-6872					
6	Black Sharpie	30051					
7	Boxes 18x12x10	8115-00-179-0579					
8							
9							
10							

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID

32. ESTIMATED ORDER TOTAL: 2,919.10

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request
<input type="checkbox"/> 2. Excess Ppty from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding
<input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 8. Commercial	<input type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal
			<input type="checkbox"/> 5. OGC-Awards
			<input type="checkbox"/> 6. Accountable Property
			<input type="checkbox"/> 7. Other

34. FUNDS VERIFICATION OFFICIAL INFORMATION

Printed Funding Official Name and Title:	Date:	SIGNATURE:
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35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION

Printed Approving Official Name and Title:	Date:	SIGNATURE:
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36. PURCHASE CARD HOLDER INFORMATION

Card Holder Name:	Date:	SIGNATURE:
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37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)

Printed Name and Title:	Date:	SIGNATURE:
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38. PROPERTY CUSTODIAN INFORMATION (property Accountability)

Printed Name and Title:	Date:	SIGNATURE:
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39. LOCAL USE SIGNATURES (if needed)

Printed Name and Title: (b)(6),(7)(c)	Date: 02/07/2013	(b)(6),(7)(c)
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1160: (b)(6),(7)(c) 3439 DHS (b)(6),(7)(c) 113

DEPARTMENT OF HOMELAND SECURITY
PURCHASE CARD TRANSACTION WORKSHEET

1. Name of Cardholder: (b)(6),(7)(c)	2. Cardholder Telephone Number: +1 (904) 286 (b)(6),(7)(c)	3. Cardholder Email Address: (b)(6),(7)(c)	4. Component: ICE	5. Program/Office: ICE - EAV
6. Document ID Number: 7AL-13-009 (PG 1 OF 2)	7. Requester Phone Number: +1 (850) 945 (b)(6),(7)(c)	8. Date of Transaction: 03/20/2013		
10. Billing Address: 1130 COMMERCIAL BUSINESS DRIVE	11. City: TALLAHASSEE	12. State: FL	13. Zip Code: 32308	
14. Vendor Name: CSA ADVANTAGE	15. Vendor POC: N/A	16. Vendor Phone Number: +1 (800) 323-6027		17. Vendor Fax Number: N/A
18. Vendor Address: N/A	19. City:	20. State:	21. Zip Code:	

21. Detailed Description of Purchase
MISSION ESSENTIAL EQUIPMENT AND SUPPLIES USED BY CAP UNIT.

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotal	29. Date Received
1	HP LASERJET 4630 PRNTE	CE151A	1	EA	(b)(4)		
2	TONER FOR HP 3035	CE505A	1	EA	(b)(4)		
3	HARDWARE (R&D)	7520-00-973-1062	1	EA	(b)(4)		
4	HARDWARE (SHARPIE) (DLX)	30051	1	EA	(b)(4)		
5	BOXES 18x12x10	8117-DC-179-0575	1	EA	(b)(4)		
6	TONER FOR HP 1320X	492 /05940X	1	EA	(b)(4)		
7	TONER FOR HP 2015	07533X	1	EA	(b)(4)		
8	TONER FOR HP 4350	0942XC	1	EA	(b)(4)		
9	TONER FOR HP 380D	07587A C	1	EA	(b)(4)		
10	TONER FOR PHASER 450D	113H656	1	EA	(b)(4)		

ACCS 28 Account # 3439 186105006500 2607

FMS 31. Purchase Log ID: FMT 1365955 32. ESTIMATED ORDER TOTAL: 3,846.51

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES		TO SPECIAL APPROVALS NEEDED	
<input type="checkbox"/> 1. Agency Inventory	<input type="checkbox"/> 5. Warehouse Supply Sources	<input type="checkbox"/> 1. Agency OIG	<input type="checkbox"/> 1. IT Request	<input type="checkbox"/> 5. OIG Approval	
<input type="checkbox"/> 2. External Priv. Orgs or other Agencies	<input type="checkbox"/> 6. GSAS/PS or DHS GPAs	<input type="checkbox"/> 2. GSAS/PS	<input type="checkbox"/> 2. Subscriptions	<input type="checkbox"/> 6. Appropriable Property	
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. System Use Federal Supply Schedules	<input type="checkbox"/> 3. Other Use Federal Supply Schedules	<input type="checkbox"/> 3. Branching	<input type="checkbox"/> 7. Other	
<input type="checkbox"/> 4. Army One	<input type="checkbox"/> 8. Commercial	<input type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal		

34. APPROVAL INFORMATION

(b)(6),(7)(c)	Date: <u>4/23/13</u>	SIGNATURE: _____
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(b)(6),(7)(c)	Date: <u>04/23/13</u>	SIGNATURE: _____
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Cardholder Name: _____ Date: _____ SIGNATURE: _____

35. APPROVAL INFORMATION

(b)(6),(7)(c)	Date: <u>4/23/13</u>	SIGNATURE: _____
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36. APPROVAL INFORMATION

(b)(6),(7)(c)	Date: <u>03/20/2013</u>	SIGNATURE: _____
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Contract # 2013-1311
4/23-4/24/13
4/23/13

(b)(6),(7)(c)

From: (b)(6),(7)(c)
Sent: Friday, March 08, 2013 4:07 PM
To: (b)(6),(7)(c)
Subject: PCTW

(b)(6),(7)(c)

Can you please add a few things to our PCTW?

1 box Red markers
5 staplers

Printer Ink:

8 cartridges CE505A for HP LaserJet P2035
2 Cartridges 2120D/2522 for Ricoh Aficio machine
2 Cartridges 49X for HP Laser 1320X
2 Cartridges 5TQ7553X for HP LaserJet 2015X
2 Cartridges Q5942 for HP LaserJet 4250n
2 Cartridges C9730A/C9733 for HP LaserJet 5550dtn
2 Cartridges Q7581A for HP LaserJet 3800
2 Cartridges for Phaser 4500.
2 Cartridges 113R00670 for Phaser 5550

Thank you,

(b)(6),(7)(c)

SIEA
ICE/ERO

(b)(6),(7)(c)

Tallahassee, FL 32303

Office: 850-504-

Cell: 850-454-7

Fax: 850-504-5243

(b)(6),(7)(c)

FOD

DFOD

AFOD
ORL / JAC / TAL / TAM Sub-Offices

TALLAHASSEE SUB-OFFICE

SDDO
Detained / CAP / D&T

DETAINED

DO

DO

IEA

IEA

CAP

DO

DO

IEA

IEA

IEA

IEA

IEA

MSS

MSS

Intern

Intern

SIEA
D&T

IEA

IEA