7.

Alison Jenkins-Supervisory Budget Analyst

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PA 1-HD-71-726-5J

1. NAFI ADDRESS

2. REQUEST NO.

**ARMY NAF PURCHASE REQUEST**

For use of this form, see AR 215-4; the proponent agency is DCSPEP

3. DATE

TELEPHONE NUMBER

4.

**ITEMS BEING REQUESTED**

ITEM NO.

DESCRIPTION OF ITEM/SERVICE

QUANTITY

UNIT

EST UNIT PRICE

ESTIMATED AMOUNT

*a*

*b*

*c*

*d*

*e*

f

5. REQUESTED DELIVERY DATE

6. DELIVER TO

SOLE SOURCE JUSTIFICATION ATTACHED

8. REQUESTOR'S SIGNATURE AND PRINTED NAME

9. NAFI FUND MANAGER'S SIGNATURE AND PRINTED NAME

10. FUNDS ARE AVAILABLE IN THE AMOUNT OF:

11. ACCOUNTING DATA

12. TYPE TITLE OF CERTIFYING OFFICIAL

SIGNATURE

DATE:

13. REMARKS

**APPROVAL/DISAPPROVAL AND DATE (if applicable)**

14. INSTALLATION COMMANDER'S SIGNATURE AND PRINTED NAME

DATE:

**DA FORM 4065-R, FEB 87**

**EDITION OF SEP 86 IS OBSOLETE**