

Base Supply Center
SUPPLY STORE ACCESS REQUEST FORM

In order for non-federal headquarters personnel to gain access to make purchases of supplies from the headquarters supply stores, **this form MUST BE FULLY COMPLETED and contain all of the signature authorities.** Other than Signature fields, all the other fields are fillable through Acrobat, though you cannot save the form with the Acrobat Reader application, you must print the document with the data entered.

An organization granting a non-federal headquarters employee access to make purchases in the supply stores understands that their organization will be billed for the supply items through the Working Capital Fund (WCF). Examples of employee needing to complete this form to gain store access include:

- Military on assignment
- Detaillee from another agency
- Summer interns
- Contractor employees

At the end of the employee's employment term with the headquarters organization, the supply store manager must receive an email notification so that the employee access can be terminated. Also, any changes in the employee data, such as new badge number, name change should also be notified.

In order for this form to be official, all of the information must be completed in its entirety. After the form is completed and all of the signatures are gained, the form will be submitted to the supply store manager.

DOE HQ ID BADGE NUMBER: _____

FULL NAME: _____

STATUS (Contractor, Detaile, Military): _____

COMPANY NAME: _____

ROUTING SYMBOL: _____ BILLING ORGANIZATION CODE: _____

FEDERAL POINT OF CONTACT (full name and phone): _____ / _____

| | | | | |
|------------------|------------|-------|-------|--------------|
| Office Director: | _____ | _____ | _____ | _____ |
| | Print Name | Sign | Date | Routing Code |

| | | | | |
|-----------------|------------|-------|-------|--------------|
| Budget Officer: | _____ | _____ | _____ | _____ |
| | Print Name | Sign | Date | Routing Code |

| | | | | |
|----------------------------|------------|-------|-------|--------------|
| Administrative Officer: | _____ | _____ | _____ | _____ |
| | Print Name | Sign | Date | Routing Code |

Store Contract COR Approval: _____