

PAPERCLIPS Etc.

SPECIAL Orders Form

This form is used to order supplies that are not readily available in the DOE HQ self-service supply stores or for items that require approval by Office Management. All supplies ordered MUST be used for Official Government Business only.

Requestor's Name: _____ Date: _____

Phone Number: _____ DOE ID Badge No.: _____

Catalog Name: _____ Org Code: _____

	Item Number	Page #	Item Description	Quantity	Store Use Only	

ALL printed names (legible), signatures and dates are required before your Special order is processed.

Requestor's Signature: _____	Date: _____
Office Director's Printed Name: _____ Signature: _____	Date: _____
Budget Officer's Printed Name: _____ Signature: _____	Date: _____
Program's Resource Manager's Printed Name: _____ Signature: _____	Date: _____

ALL SPECIAL ORDERS ARE SUBJECT TO FULL PAYMENT OR A RESTOCKING FEE WHEN ITEMS ORDERED ARE RETURNED TO THE SUPPLIER DUE TO THE CUSTOMER NOT PICKING UP THE ITEM(S) WITHIN FIVE DAYS OF RECEIPT BY THE STORE PERSONNEL OR THE CUSTOMER'S DECISION TO RETURN THE ITEM(S).

Order Received by: Printed Name: _____

Signature: _____ Date: _____