

# EQUIPMENT/FURNITURE JUSTIFICATION AND ORDER DOCUMENT

NOTE: Requesting Activity complete shaded items only.

DI	STOCK NUMBER	MFG. PART NUMBER	MFG CD
<b>XJ,</b>			

SOURCE	NOUN	QUANTITY	U/I	UNIT PRICE	F/C	O/C	PRI	ACT CD	ORG CD

  

COST CODE	L/I CD	JOB ORDER	REQUIRED DELIVERY DATE	CUST ID	AOE CD	ACC CD	SUP CD	ALT ADD	SIG CD	SHIP TO ADDRESS	BILL TO ADDRESS

NOMENCLATURE/DESCRIPTION:

DOCUMENT NUMBER

SIGNATURE OF INITIATOR	DATE	TELEPHONE

**1. REPLACEMENT (Data on Present Equipment)**

a. MANUFACTURER	b. YEAR MFG'D	c. CONDITION CODE
d. MODEL AND SERIAL NUMBER	e. ACQUISITION COST	f. YEARS IN USE
g. EST REPAIR COST		
h. SIGNATURE AFFIRMING PRESENT EQUIPMENT IS NOT USABLE		i. DATE

**2. AUGMENTATION OR NEW ITEM**

a. NO. OF LIKE UNITS ON HAND	b. REQUIREMENT RESULTS FROM CHANGE IN (Check appropriate box(s)): <input type="checkbox"/> MISSION <input type="checkbox"/> ASSIGNMENT/FUNCTION <input type="checkbox"/> METHOD/PROCEDUR <input type="checkbox"/> WORKLOAD <input type="checkbox"/> STRENGTH <input type="checkbox"/> DIRECTIVE/SPECIFICATIO <input type="checkbox"/> OTHER (Specify):
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c. SUPPORT INFORMATION (If additional space is needed, continue on reverse)

AUTHORIZED SIGNATURE	DATE	TELEPHONE	SIGNATURE OF APPROVING AUTHORITY	DATE