

PRICE INQUIRY

(Reference DLAI 4140.68)

1. NAME	2. ADDRESS		3. TELEPHONE NUMBER DSN _____ COMM _____ FAX _____
4. OFFICE SYMBOL			
5. NATIONAL STOCK NUMBER (NSN)	6. PART NUMBER/CAGE CODE		7. ITEM NAME
8. UNIT PRICE QUESTIONED	9. UNIT OF ISSUE	10. QUANTITY PER UNIT PACK	11. SOURCE OF UNIT PRICE
12. BASIS FOR YOUR INQUIRY (Tell what the item should cost, why, and where you got your information. If additional space is needed, attach separate sheet.)			13. ATTACHMENTS ("X" one) <input type="checkbox"/> DRAWING <input type="checkbox"/> DIMENSIONS SKETCH <input type="checkbox"/> PHOTOGRAPHIC COPY <input type="checkbox"/> PHOTOGRAPH <input type="checkbox"/> SAMPLE OF ITEM <input type="checkbox"/> OTHER (Specify) <hr/> <hr/> <hr/>
14. ANOTHER ITEM THAT CAN BE USED IN PLACE OF THIS ITEM IS NSN			
15. I CAN BUY <input type="checkbox"/> THE ITEM IDENTIFIED BELOW IN PLACE OF THIS ITEM; OR <input type="checkbox"/> THE SAME ITEM FOR SUBSTANTIALLY LESS FROM; OR <input type="checkbox"/> THE ENTIRE KIT/ASSEMBLY CONTAINING THE ITEM FOR SLIGHTLY MORE FROM:			
16. COMPANY NAME	17. COMPANY ADDRESS		18. PERSON(S) CONTACTED
			19. TELEPHONE NUMBER
20. DATE OF QUOTE FROM SOURCE	21. PRICE	22. QTY/UNIT PACK	23. UNIT OF ISSUE
24. P/N	25. CAGE	26. NSN (If different)	
27. SIGNATURE		28. DATE	29. CONTROL NUMBER
30. SPECIAL INSTRUCTIONS <p style="text-align: center;">For DLA Price Inquiries originating outside of Inventory Control Points, mail or fax to:</p> <p style="text-align: center;">DLA Central Price Challenge Office FAX: DSN 850-5266 DSCC-VEB Post Office Box 3990 Columbus, OH 43216-5000</p> <p style="text-align: center;">Questions? Call DSN 850-8830</p>			