

<b>MILITARY INTERDEPARTMENTAL PURCHASE REQUEST</b>					1. PAGE <b>1</b> OF PAGES	
2. FSC	3. CONTROL SYMBOL NO.	DATE PREPARED *Feb 11, 2023	5. MIPR NUMBER *MIPR1234	6. AMEND NO. *BASIC		
7. TO: DISA/DITCO/PSxx ATTN: DITCO Contracting Officer's Name Street Address CITY, STATE, ZIP+4  *NOTE: See Paperclip for DITCO Addresses			8. FROM: (Agency, name, telephone number of originator) AGENCY NAME/UNIT/DEPT STREET ADDRESS CITY, STATE, ZIP+4 POC: NAME, EMAIL, PHONE NUMBER (if not cited below) AGENCY DoDAAC			
9. ITEMS ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTER-SERVICES SUPPLY SUPPORT PROGRAM AND REQUIRED INTER-SERVICE SCREENING HAS <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.						
ITEM NO.	DESCRIPTION (Federal stock number, nomenclature, specification and/or drawing No., etc.)	QTY	UNIT	ESTIMATED PRICE	ESTIMATED TOTAL PRICE	
a	b	c	d	e	f	
	<p>*REQUIREMENT DESCRIPTION: (MUST BE a SPECIFIC/DEFINITE description of goods/service. Cannot be a contract/task order number only. Avoid acronyms.)</p> <p>*FUNDS: include contract value plus DITCO fee applicable at the time the period of performance begins (see "<b>Fee Percentage by Fiscal Year</b>" paperclip). NOTE: Please do not break out base plus fee separately.</p> <p>*If the MIPR funds an existing contract or order, include the contract/order number on the MIPR.</p> <p>*CONTRACT PERIOD OF PERFORMANCE or DELIVERY DATE Examples: 365 days from contract award, one year from date of award, etc. Avoid citing a firm PoP start date, when possible.</p> <p>*IDENTIFY if Funds are "Subject to Availability(SAF)". If yes, include \$ in Block 11.</p> <p>*IDENTIFY REQUIREMENT TYPE: Severable or Non-Severable. If severable, state "Incrementally Funded", when applicable. <b>(See Severability Guidance paperclip for more information)</b></p> <p>*PRODUCT SERVICE CODE (PSC) (See Enclosure 7c) : When preparing your MIPR, it is important to choose the correct PSC on the BASIC funding document. If an amendment is required to change the PSC code, the document will only be acceptable if the associated Expenditure Type does not change.</p> <p>*POC FOR FUNDING: Jane Doe, PH: (xxx)xxx-xxxx, DSN: xxx *EMAIL ADDRESS WHERE ACCEPTANCE SHOULD BE SENT: jane.doe@xxxx.xxx</p> <p>*NOTE: DITCO only accepts REIMBURSABLE MIPRS. (SEE PAPERCLIP FOR ADDITIONAL INSTRUCTIONS AND AMD SAMPLE.)</p>				\$51.25	
10. 6(( \$77\$&+(' 3\$*(6 )25 '(/ ,9(5< 6&+('8/(6 35(6(59\$7,21 3\$&.\$*,1* ,16758&7,216 6+,33,1*					11. GRAND TOTAL	
INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.					51.25	
12. TRANSPORTATION ALLOTMENT (Used if FOB Contractor's plant)			13. MAIL INVOICE STO (Payment will be made by)			
			CUSTOMER PAYMENT OFFICE, DODAAC STREET ADDRESS, CITY, STATE, ZIP+4			
			PAY OFFICE DODAAD			
14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.						
ACRN	APPROPRIATION	LIMIT/SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION	ACCTG STA DODAAD	AMOUNT	
*	XX X XXXX	XXXX	XXXXX SUPPLEMENTAL DATA  REQUIRED: Identify if Funds are Subject to Availability. REQUIRED: Must provide a PSC for each LOA (double click on paperclip at left and open word doc) for additional info. NOTE: There is a limit to <b>3</b> Lines of Accounting per MIPR	XXXXXXXX	\$51.25	
15. AUTHORIZING OFFICER (Type name and title)			16. SIGNATURE		17. DATE	
*NAME/TITLE					*mm/dd/yyyy	