



1. THIS REQUEST MUST BE ACCEPTED ON A DIRECT CITATION BASIS ONLY AND IS SUBJECT TO CONDITIONS LISTED ON THE REVERSE SIDE.	2. DOCUMENT NUMBER
---	--------------------

3. REFERENCE NUMBER	4. FUNDS EXPIRE ON	5. DMS RATING	6. PRIORITY	7. DATE REQUIRED	8. AMENDMENT NO.
---------------------	--------------------	---------------	-------------	------------------	------------------

9. FROM: COMMANDER, LANTNAVFACENCOM 1510 GILBERT ST., NORFOLK, VA 23511-2699	10. FOR DETAILS CONTACT:
--	--------------------------

11. TO:  UIC	12. MAIL INVOICES TO:
--------------------	-----------------------

**13. ACCOUNTING DATA TO BE CITED ON RESULTING CONTRACTS**

A. ACRN	B. APPROPRIATION	C. SUB-HEAD	D. OBJ. CLASS	E. BU. CONTROL	F. SA	G. AAA	H. TT	I. PAA	J. COST CODE	K. AMOUNT

14. AMOUNTS WILL NOT BE EXCEEDED IN THE OBLIGATION DOCUMENT WITHOUT PRIOR WRITTEN APPROVAL FROM THE ISSUER.	L. TOTAL THIS DOCUMENT	
	M. CUMULATIVE TOTAL	

15. PROCUREMENT BY CONTRACT OF THE FOLLOWING ITEMS IS REQUESTED

THESE ITEMS  ARE  ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND  
 REQUIRED INTERSERVICE SCREENING  HAS  HAS NOT BEEN ACCOMPLISHED

A. ACRN	B. ITEM NO.	C. FSC	D. DESCRIPTION (NAT. STOCK NO., SPEC. AND/OR DRAWING NO., ETC.)	E. QUANTITY	F. UNIT	G. ESTIMATED UNIT PRICE	H. ESTIMATED AMOUNT

16. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTION AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.
--

17. TRANSPORTATION ALLOTMENT <i>(Used if FOB Contractor's plant)</i>
--

18. I CERTIFY THAT THE FUNDS CITED ARE PROPERLY CHARGEABLE FOR ITEMS REQUESTED.	AUTHORIZING OFFICIAL (NAME, TITLE AND SIGNATURE)	DATE
---	--	------

19. THIS REQUEST IS ACCEPTED AND THE ITEM WILL BE PROVIDED IN ACCORDANCE HEREWITH.	ACCEPTING OFFICIAL (NAME, TITLE AND SIGNATURE)	DATE
--	--	------

**ORDER FOR WORK AND SERVICE/DIRECT CITATION - NAVCOMPT FORM 2276A (8-86) (TEST)**

1. THIS ORDER MUST BE ACCEPTED ON A REIMBURSABLE BASIS AND/OR DIRECT CITATION AND IS SUBJECT TO THE CONDITIONS LISTED ON THE REVERSE SIDE. Check applicable box(es) <input type="checkbox"/> WR <input type="checkbox"/> PO <input type="checkbox"/> Direct Citation						2. DOCUMENT NUMBER		
3. REFERENCE NUMBER		4. FUNDS EXPIRE ON		5. WORK COMPLETION DATE		6. DATE PREPARED		7. AMENDMENT NO.

8. FROM: <p style="text-align: center;">COMMANDER, LANTNAVFACENCOM 1510 GILBERT ST., NORFOLK, VA 23511-2699</p>				9. FOR DETAILS CONTACT:			
--	--	--	--	-------------------------	--	--	--

10. TO:						11. MAIL BILLINGS TO:	
---------	--	--	--	--	--	-----------------------	--

**12 ACCOUNTING DATA TO BE CITED ON RESULTING BILLINGS**

A. ACRN	B. APPROPRIATION	C. SUB-HEAD	D. OBJ. CLASS	E. BU. CONTROL	F. SA	G. AAA	H. TT	I. PAA	J. COST CODE	K. AMOUNT

(Charges [billings] in excess of the negotiated amount of this order will not be accepted.)

L. TOTAL FOR THIS DOCUMENT										
M. CUMULATIVE TOTAL										

**13. ORDER SELECTION**

13A. THIS ORDER IS ISSUED AS A  PROJECT ORDER  AN ECONOMY ORDER AND IS TO BE ACCOMPLISHED ON A  FIXED PRICE OR  COST REIMBURSEMENT BASIS. WHEN THE FIRST BLOCK IS CHECKED, THE FOLLOWING ITEMS ON THE REVERSE SIDE APPLY.

13B.  DIRECT CITATION PROCUREMENT BY CONTRACT OF THE FOLLOWING ITEMS IS REQUESTED: THESE ITEMS  ARE  ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING.  HAS  HAS NOT BEEN ACCOMPLISHED.

**14. DESCRIPTION OF WORK TO BE PERFORMED AND OTHER INSTRUCTIONS**

A. ACRN	B. ITEM NO.	C. QUANTITY	(Attach separate sheet if more space is required)	D. ESTIMATED AMOUNT

**Please FAX acceptance copy of this document to**

15. PROVIDED THRU REIMBURSEMENT			16. PROCURED BY DIRECT CITATION			17. SUMMARY		ESTIMATED AMOUNT
A. ACRN	B. ITEM NO.	C. ESTIMATED AMOUNT	A. ACRN	B. ITEM NO.	C. ESTIMATED AMOUNT			
						A. TOTAL BLOCK 14D =		
						B. TOTAL BLOCK 15C =		
						C. TOTAL BLOCK 16C =		
						D. BLOCK 15C + 16C =		
						CUM. TOTAL TO DATE	E. REIMBURSABLE	
						CUM. TOTAL TO DATE	F. DIRECT CITATION	

Request an acceptance copy of this document be returned to NAVFACENCOM (913 & 914) within five (5) days after receipt in accordance with NAVCOMPT Manual, Paragraph 0354121a. Final NAVCOMPT FORM 2193 WILL BE FORWARDED TO NAVFACENCOM (914)

18. I CERTIFY THAT THE FUNDS CITED ARE PROPERLY CHARGEABLE FOR ITEMS REQUESTED.	AUTHORIZING OFFICIAL (NAME, TITLE AND SIGNATURE)	DATE
19. THIS REQUEST IS ACCEPTED AND THE ITEMS WILL BE PROVIDED IN ACCORDANCE HEREWITH.	ACCEPTING OFFICIAL (NAME, TITLE AND SIGNATURE)	DATE

**MILITARY INTERDEPARTMENTAL PURCHASE REQUEST**

1. PAGE 1 OF \_\_\_\_\_ PAGES

2. FSC	3. CONTROL SYMBOL NO.	4. DATE PREPARED	5. MIPR NUMBER	6. AMEND NO.
--------	-----------------------	------------------	----------------	--------------

7. <b>TO:</b>	8. <b>FROM:</b> <i>(Agency, name, telephone number of originator)</i>
---------------	---

9. ITEMS  ARE  ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING  HAS  HAS NOT BEEN ACCOMPLISHED.

ITEM NO.	DESCRIPTION <small>(Federal stock number, nomenclature, specification and/or drawing No., etc.)</small>	QTY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL PRICE
a	b	c	d	e	f

10. SEE ATTACHED FOR DELIVERY SCHEDULES, PRESERVATION AND PACKING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.	11. GRAND TOTAL
---	-----------------

12. TRANSPORTATION ALLOTMENT <i>(Used if FOB Contractor's plant)</i>	13. MAIL INVOICES TO <i>(PAYMENT WILL BE MADE BY)</i>
<b>PAY OFFICE DODAAD</b> _____	

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

15. AUTHORIZING OFFICER <i>(Type name and title)</i>	16. SIGNATURE	17. DATE
--	---------------	----------

**ACCEPTANCE OF MIPR**

1. TO (Requiring Activity Address) (Include ZIP Code)	2. MIPR NUMBER	3. AMENDMENT NO.
	4. DATE (MIPR Signature Date)	5. AMOUNT (As listed on the MIPR)

6. The MIPR identified above is accepted and the item requested will be provided as follows:

a.  ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT (Category I)

b.  ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS (Category II)

c.  ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW

d.  THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCIES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.

7.  MIPR ITEM NUMBER(S) IDENTIFIED IN BLOCK 13, "REMARKS" IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.

8. TO BE APPROVED THROUGH REIMBURSEMENT CATEGORY I			9. TO BE APPROVED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. a	QUANTITY b	ESTIMATED PRICE c	ITEM NO. a	QUANTITY b	ESTIMATED PRICE c
ACCEPTANCE					

d. TOTAL ESTIMATED PRICE	d. TOTAL ESTIMATED PRICE
--------------------------	--------------------------

10. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS	11. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS
--	--

12. FUNDS DATA

a.  ADDITIONAL FUNDS IN THE AMOUNT OF \$ \_\_\_\_ ARE REQUIRED (See Justification in Block 13)

b.  FUNDS IN THE AMOUNT OF \$ \_\_\_\_ ARE NOT REQUIRED AND MAY BE WITHDRAWN

13. REMARKS

14. ACCEPTING ACTIVITY (Complete Address)	15 TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL	
	16. SIGNATURE	17. DATE