

REQUEST FOR NEW ITEMS

Requested by: (Activity Name): _____

Contract # _____

DSCP Stock # NSN (if available): _____

Vendor Part/Item # _____

Complete Item Description: _____

Manufacture/Brand Name (if available): _____

Cost: _____ **Per Case** **Dist. Fee** _____ **Total Cost** _____ **Per Package**

Vendor's Unit of Issue: _____ **= DSCP's Unit of Measure** _____

Package Size: _____

Case Weight: _____

Pack: _____ **Bulk** _____ **Individually Wrapped Portions**

Item: _____ **Fresh** _____ **Chilled** _____ **Other**

Estimated Monthly Usage: _____ **Cases per month**

Will cataloging this new item result in reducing the usage of an item already in the catalog? _____ **Yes** _____ **No**

If yes, what is the stock number and description of the item for which usage will

be reduced? _____

Comments:

Note: Provide a copy of this request to your DSCP Catalog Account Manager to expedite stockage of the items desired.