

GDIP EQUIPMENT SUBMISSION WORKSHEET AND CHECKLIST

1. PREPARED BY (Name, grade, and office symbol)	2. DUTY PHONE	3. DATE
4. NATIONAL STOCK NUMBER (NSN) (Leave blank unless item is currently stock-listed.)	5. ORGANIZATION	6. GDIP NUMBER
7. COMPLETE DESCRIPTION (Part number, model number, type, including all required options, accessories, and components. List minimum specifications, if not sole source)		
8. SUGGESTED MANUFACTURER'S NAME AND ADDRESS	9. MFR CODE	10. GSA CONTRACT NUMBER, IF ANY
11. COST OF EACH (Including items from Block 24) \$	12. REQUIRED DELIVERY DATE(Justify in Block 26)	

BLOCK 13--23 FOR EQUIPMENT CUSTODIAN USE

13. TABLE OF ALLOWANCE (TA) NO., PART,	14. NSN/PART NUMBER OF ITEMS TO BE TURNED IN (If no turn-in, leave blank.)	15. PRIME/NSN/PART NBR AS SHOWN IN TA FOR ITEMS IN BLOCK 14 (If Block 14 is blank, complete for item in Block 4, if stock-listed or closest in-use substitute. Leave blank only if equipment requested represents a capability new to the facility.)
QUANTITIES	ITEMS DESCRIBED	ITEMS TO BE TURNED IN
REQUESTED THIS FY	16.	17.
ON HAND	17.	19.
TOTAL TO BE REQUIRED IN FACILITY	18.	20.
NOW ALLOED IN TA	19.	21.
TOTAL TO BE REQUIRED IN FACILITY	20.	22.
NOW ALLOED IN TA	21.	23.

24. FOLLOWING ARE REQUIRED	YES	NO
OPERATOR MANUAL 1.	<input type="checkbox"/>	<input type="checkbox"/>
MAINTENANCE MANUAL 1	<input type="checkbox"/>	<input type="checkbox"/>
SPARE PARTS KIT 1	<input type="checkbox"/>	<input type="checkbox"/>
INSTALLATION MANUAL/KIT 1	<input type="checkbox"/>	<input type="checkbox"/>
CONTRACTOR INSTALLATION	<input type="checkbox"/>	<input type="checkbox"/>
1 If YES, indicate how many.		
25. FOLLOWING ARE ATTACHED	NA	YES
MANUFACTURER BROCHURE	<input type="checkbox"/>	<input type="checkbox"/>
MANUFACTURER QUOTE	<input type="checkbox"/>	<input type="checkbox"/>
ADP APPROVAL 2	<input type="checkbox"/>	<input type="checkbox"/>
JCP APPROVAL 2	<input type="checkbox"/>	<input type="checkbox"/>
AUDIOVISUAL APPR 2	<input type="checkbox"/>	<input type="checkbox"/>
2 If applicable, these must be attached.		

26. JUSTIFICATION(State purpose of equipment and list items being replaced. Justify minimum equipment specifications on basis of new or existing tasking that the item will support. Explain why required delivery date must be met. If total quantity required is more than one, show how quantity was derived. If more space is needed, continue on reverse in Justification--Continued, Block 26.) (If sole source procurement is required, separate justification must be completed on reverse in Block 28.)

27. COORDINATION	
OFC SYMBOL	INITIAL
MAJCOM	
COMMANDER	
OPR	
LAB	
MAINT (Blocks 29-32)	
EQUIP CUSTODIAN (Blocks 13-23)	
PREPARER	

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The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

26. JUSTIFICATION--CONTINUED

28. SOLE SOURCE PROCUREMENT JUSTIFICATION (Explain why item MUST be procured from company shown in Block 8, Detail Inadequacies of similar items offered by other manufacturers.)

FOR MAINTENANCE SECTION USE

29. MAINTENANCE REQUIREMENT

AIR FORCE

CIVILIAN CONTRACTOR

30. IF AIR FORCE, EXPLAIN SPECIAL TRAINING REQUIREMENTS (Include summary of requirements for one-time training by manufacturer or ATC and changes to ATC maintenance courses to be submitted on AF Form 403.)

31. IF CIVILIAN CONTRACTOR, ESTIMATE COST OF ANNUAL CONTRACT INCLUDING PARTS AND LABOR

32. CIVIL ENGINEERING REQUIREMENTS (Summarize construction, electricity, water, sewage, duct work, and other utility changes needed to install and operate equipment)

33. PREPARER HAS HAS NOT SUBMITTED AF FORM 332, BCE WORK REQUEST, TO BCE (If YES, give workorder no.)

FOR RESOURCE MANAGEMENT USE

34. BASE RQN NO.

35. DEPOT ESTIMATED DLVY DATE

36. DATE OF AF FORM 601