





Department of Veterans Affairs

REQUEST AND/OR RECEIPT FOR CUSTOM-MADE ORTHOPEDIC SHOES OR LASTING, BOTTOMING AND FINISHING CUSTOM-MADE SHOES

TO: Supply Officer

FROM: Orthopedic Shoe Service, VAPC 252 7th Avenue, New York, NY 10001

- SC
INITIAL
REPLACEMENT
NSC

ORTHOPEDIC SHOES
CUSTOM-MADE ORTHOPEDIC SHOES
LASTING BOTTOMING AND FINISHING, CUSTOM-MADE ORTHOPEDIC SHOES

Table with columns: ITEM NO., SCHEDULE A (STYLE, TIP, COLOR, LEATHER), SCHEDULE B (CORK EXTENSION, LEFT, HEEL, INSIDE BALL, OUTSIDE BALL, TOE), QT., UNIT, UNIT COST, TOTAL COST.

ADDITIONAL INFORMATION OR INSTRUCTIONS
TOTAL COST \$

VETERAN'S NAME AND STATION OF JURISDICTION
NAME OF VENDOR AND CONTRACT NO.
DATE SHOES REQUIRED
DATE
RECEIPT ACTION
I CERTIFY that the above quantities have been received.
SIGNATURE OF APPROVING OFFICIAL
DATE
SIGNATURE OF RESPONSIBLE OFFICIAL OR DESIGNEE
DATE
SUPPLY ACTION
APPROPRIATION: 1040-36 0180,001
PURCHASE NO.
PURCHASE DATE
I CERTIFY that the resultant contract is authorized by law and within the limits of my authority.
SIGNATURE OF CONTRACTING OFFICER
SIGNATURE OF ACCOUNTABLE OFFICER
DATE