

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

TO	FROM	<input type="checkbox"/> SC <input type="checkbox"/> INITIAL <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> NSC
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ORTHOPEDIC SHOES
 CUSTOM-MADE ORTHOPEDIC SHOES LASTING BOTTOMING AND FINISHING, CUSTOM-MADE ORTHOPEDIC SHOES

ITEM NO.	SCHEDULE A				QT.	UNIT	UNIT COST	TOTAL COST
	STYLE	TIP	COLOR	LEATHER				
	<input type="checkbox"/> LOW QUARTER	<input type="checkbox"/> PLAIN TOE	<input type="checkbox"/> BLACK	<input type="checkbox"/> CALF				
	<input type="checkbox"/> 3/4 CHUKKA	<input type="checkbox"/> MOCCASIN	<input type="checkbox"/> BROWN	<input type="checkbox"/> RETAN				
	<input type="checkbox"/> HIGH QUARTER	<input type="checkbox"/> STRAIGHT	<input type="checkbox"/> MAHOGANY	<input type="checkbox"/> SCOTCH GRAIN				
	<input type="checkbox"/> BOOTS	<input type="checkbox"/> WING	<input type="checkbox"/> OX BLOOD	<input type="checkbox"/> KANGAROO				
	<input type="checkbox"/> BLUCHER	<input type="checkbox"/> U-TIP	<input type="checkbox"/> TAN	<input type="checkbox"/> KID				
	<input type="checkbox"/> BAL	<input type="checkbox"/> PLAIN TOE	<input type="checkbox"/> CORDOVAN	<input type="checkbox"/> SUEDE				

SCHEDULE B							QT.	UNIT	UNIT COST	TOTAL COST
	CORK EXTENSION	LEFT	HEEL	INSIDE BALL	OUTSIDE BALL	TOE		EACH		
	<input type="checkbox"/> INSIDE							EACH		
	<input type="checkbox"/> OUTSIDE	RIGHT	HEEL	INSIDE BALL	OUTSIDE BALL	TOE		EACH		
								EACH		
								EACH		

ADDITIONAL INFORMATION OR

	TOTAL COST	\$
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VETERAN'S NAME AND STATION OF JURISDICTION	NAME OF VENDOR AND CONTRACT NO.
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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		<input type="checkbox"/> The articles or services listed hereon have been received or rendered and in the quantity or quality specified originally or as shown by authenticated changes, except as noted.	
APPROPRIATION: 1040-36 0180,001			
PURCHASE NO.	PURCHASE DATE	SIGNATURE OF STOREKEEPER	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	