

Military Interdepartmental Purchase Request					1.	OF	PAGES
2. FSC	3. CONTROL SYMBOL NO.	4. DATE PREPARED 30 December 93	5. MIPR NUMBER W537RQ-0-01	6. AMED NO. Initial			
7. TO: General Services Administration Region 5 Data Services Division Chicago, IL 60604			8. FROM: (Agency, name, telephone number of originator) Commander U.S. Army Soldier Support Center ATSG-DCD-PMC Ft. Benjamin Harrison, IN 46216-5005				
9. ITEMS <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN ACCOMPLISHED.							
ITEM NO.	DESCRIPTION (Federal stock number, nomenclature, specification and/or drawing No., etc.)	QTY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL PRICE		
a	b	c	d	e	f		
1	<p>Prepare and deliver a computer drive simulation to provide the supply, processing, training and equipping requirements for a variety of given demands. The model is intended to predict the potential of the training base to meet the demand for personnel as individuals and units.</p> <p>Preparation and delivery of model will require vendor to prepare, program, and demonstrate the model; document the model and its operation in a user's manual; provide training to users; and deliver report and software (5 copies). Further information contained in attached statement of work.</p> <p>This Economy Act order is placed in accordance with the provisions of AR 37-1/DODI 7220.9M.</p> <p>Request copies of all billings be sent to: (See Block #8) POC for this order is: John Doe, DSN 123-4567/Commercial 317-123-4567</p>	1		\$225,00	\$225,000.0		
10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.					\$225,000.0		
12. TRANSPORTATION ALLOTMENT(Used if FOB Contractor's plant)			13. MAIL INVOICES TO(Payment will be made by) DFAS-Indianapolis Center, ATTN: DFAS-IN/V, 8899 E. 56th St., Indianapolis, IN 46216-5000 W537RQ				
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	
	2132020	0000	57-8307 P871713.11 2572 MIPR0000008901		S12101	\$225,000	
15. AUTHORIZING OFFICER(Type name and title) John Doe, Dir DCD			16. SIGNATURE /s/		17. DATE 30 Dec 93		

D FORM 448
1 JUN 72

PREVIOUS EDITION IS OBSOLETE.

Figure 12-1. Sample of a completed DD Form 448-Military Interdepartmental Purchase Request

Figure 12-1. Completion instruction by block number for DD Form 448-Military Interdepartmental Purchase Request

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| (1) | Enter number of pages (includes attachments). |
| (2) | Enter Federal supply classification, if applicable. |
| (3) | Enter control symbol number, if applicable. |
| (4) | Enter the date that MIPR is prepared. For amendment, enter the date the change to the MIPR is prepared. |
| (5) | Enter MIPR number. First part is the DODAAC of the requiring/requesting activity. The second part is the last digit of the fiscal year and the last part is the number of the particular MIPR (numbered consecutively). For example, W53RQ3-9-01, where W53RQ3 is the DODAAD, 9 is the last digit of the fiscal year, and 01 is the 1st MIPR for this requesting activity. |
| (6) | Enter the amendment number of the MIPR. On issuance of the first MIPR, enter "INITIAL". Consecutively number future amendments to the MIPR starting with 01. |
| (7) | Enter the complete address of the agency/activity that will be accepting the MIPR. |
| (8) | Enter the complete address of the agency/activity that is requesting the work/services/supplies. |
| (9) | Check the appropriate blocks. |
| (9a) | Enter the item number that relates to the description. If the MIPR is requesting more than one type of item or work/service, consecutively number each item. |
| (9b) | Enter the description of work/services being requested, the appropriate statement if order is an Economy Ac order or a Project Order and a point of contact. For amendments, explain reason for increase/decrease. |
| (9c) | Enter quantity, if applicable. |
| (9d) | Enter unit of issue, if applicable. |
| (9e) | Enter estimated unit price. For amendment, enter amount of increase/decrease. |
| (9f) | Enter estimated total price (quantity X estimated unit price). For amendment, enter amount of increase/decrease. |
| (10) | Self explanatory. |
| (11) | Enter the grand total of the MIPR. For amendments, enter revised grand total (original amount plus/minus amended amount. |
| (12) | Enter transportation accounting classification if FOB contractor's plant. |
| (13) | Enter the address of the paying finance and accounting office and the DODAAD of the paying FAO/DAO. (NOTE: Bills will be sent to the paying FAO/DAO and not to the requesting activity. Requesting activities may request "copies" of bills with supporting detail to be provided if so stated on the MIPR and accepted by the performing activity/agency.) |
| (14) | In the ACRN block, enter the accounting classification reference number, if applicable. In the following blocks enter the "billed to" accounting classification. If additional space is required for additional fund citations, provide in an attachment to the MIPR and make reference to the attachment on the form. (NOTE: In the supplemental accounting classification block include the 14 digit document number.) For amendment, enter amount of increase/decrease. |
| (15) | Enter the authorizing officer name (typed or printed). |
| (16) | The authorizing officer will sign here. Electronic signature is authorized. |
| (17) | Enter the date the MIPR signed. For amendment, enter the date the MIPR change is signed. |

ACCEPTANCE OF MIPR					
1. TO (Requiring Activity Address)(Include ZIP Code) Commander, USASSC (ATSG-DCD-PMC) Ft. Benjamin Harrison, IN 46216-5005			2. MIPR NUMBER W537RP-0-01		3. AMENDMENT NO. Initial
			4. DATE (MIPR Signature Date) 30 December 1992		5. AMOUNT (As Listed on the MIPR) \$225,000.00
6. The MIPR identified above is accepted and the items requested will be provided as follows(Check as Applicable)					
a. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> MIPR ITEM NUMBER(S) IDENTIFIED IN BLOCK 13, "REMARKS" IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.					
8. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			9. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. <i>a</i>	QUANTITY <i>b</i>	ESTIMATED PRICE <i>c</i>	ITEM NO. <i>a</i>	QUANTITY <i>b</i>	ESTIMATED PRICE <i>c</i>
1	1	\$225,000.00			
<i>d.</i> TOTAL ESTIMATED PRICE		\$225,000.00	<i>d.</i> TOTAL ESTIMATED PRICE		
10. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS			11. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS \$225,000.00		
12. FUNDS DATA (Check if Applicable)					
a. ADDITIONAL FUND 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 POC for acceptance of this order is: Harry Hans, Commercial 317-542-3071 or DSN 699-3071.					
14. ACCEPTING ACTIVITY(Complete Address) GSA Region 5 DA&A Services Div, Chicago, IL 60604			15. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL Jack Doe		
			16. SIGNATURE /s/		17. DATE 13 Jan 93

D FORM 448-2
1 JUL 71

PREVIOUS EDITION WILL BE USED UNTIL EXHAUSTED.

U.S.G.P.O.: 1987 - 181-032/8081

Figure 12-3.--Sample of a completed DD Form 448-2--Acceptance of MIPR

Figure 12-3.--Completion Instructions by Block Number for DD Form-24 (Acceptance of MIPR)

- (1) Enter the address of the requiring/requesting activity. (NOTE: Address will be the same as that entered on block 8 of DD Form 448 (MIPR).)
- (2) Enter the MIPR number. This number will be the same as entered on block 5 of DD Form 448.
- (3) Enter the amendment number. This number will be the same as entered on block 6 of DD Form 448.
- (4) Enter the signature date. This date will be the same date as entered on block 17 of DD Form 448.
- (5) Enter the amount as entered on block 11 of DD Form 448.
- (6) Check the appropriate block. (NOTE: The acceptor/performer of the MIPR may accept the order as a reimbursable order, a direct fund cite, or may split order between reimbursable order and a direct fund cite. Acceptance as a direct fund cite is the preferred method It is important that orders be negotiated before the are issued/accepted.)
- (7) Check, if applicable and enter comment/reasons in block 13.
- (8) In blocks 8a through 8c (self explanatory) enter the appropriate data if accepted through reimbursement. For amendments, in Blocks 8c-8d, enter amount of increase/decrease.
- (9) In blocks 9a through 9c (self explanatory) enter the appropriate data if accepted as a direct fund cite. (NOTE: It is recommended that the requiring/requesting activity issue a message/letter using a direct fund cite instead of the MIPR.) For amendments, in Blocks 9c-9d, enter amount of increase/decrease.
- (10) Self explanatory.
- (11) Enter the grand total of MIPR. NOTE: If grand total is different than that on DD Form 448, block 11, notify the requiring/requesting activity which will require an amendment. For amendments, enter revised grand total (original amount plus/minus amended amount).
- (12a) Check block, if applicable and enter the additional dollar amount needed. Show justification in block 13.
- (12b) Check block, if applicable and enter amount that is no longer required and to be withdrawn by the requiring/requesting agency. When this block is filled out and returned to the requiring/requesting agency, n change orders are required by the requiring/requesting agency. Upon receipt of DD Form 4482 and block 12b is checked and amount shown, adjust obligations accordingly.
- (13) Enter remarks, if applicable. (NOTE: Enter the appropriate statement if order is an Economy Act order or a Project Order and a POC if questions arise from the requiring/requesting activity.)
- (14) Enter the complete address of the accepting activity.
- (15) Enter the typed/printed name of the authorized official that is accepting the order.
- (16) The authorized official accepting the order will sign here.
- (17) Enter date that DD Form 448-2 is signed.