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STATE OF CALIFORNIA - GENERAL SERVICES

INTRA-OFFICE REQUISITION (Local Request)

STD. 5 (REV. 3/2012)

PLEASE SUBMIT APPROVED REQUEST TO THE AGENCY PURCHASING OFFICE

DATE REQUESTED:

DATE NEEDED:

SHIP TO NAME:			AGENCY BILLING CODE / FUNDING CODE:	SPECIAL BILLING CODE (If Applicable):
ADDRESS:			CONTACT PERSON:	
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:	EMAIL ADDRESS:

(OFFICE USE ONLY)
☐ *Purchase Order*
☐ *Service Order*

PO or SO #: ____ O ___ ____

LINE NO.	QUANTITY	UNIT	STOCK ITEM NUMBER	SABRC CAT.*	MIN PC MET*	DESCRIPTION	ESTIMATED COST PER UNIT	ESTIMATED COST TAX Y/N	ESTIMATED COST TOTAL	BUDGET EQUIP. NO.

**Note: State Agencies are required to report the total spent on products that fall within each SABRC Category (CA PCC 12200-12217). Use category numbers (1-11) and indicate if minimum postconsumer was met (Y/N).*

SABRC - State Agency Buy Recycled Campaign
Minimum Postconsumer (PC) Content Requirements by Category

1 - Paper Products	30%	7 - Paint	50%
2 - Printing and Writing Paper	30%	8 - Antifreeze	70%
3 - Compost & Mulch	80%	9 - Tires	Retreaded
4 - Glass Products	10%	10 - Tire Derived Products	50%
5 - Lubricating Oils	70%	11 - Metal	10%
6 - Plastic Products	10%	*www.CalRecycle.ca.gov/BuyRecycled/StateAgency*	

COMMENTS / SPECIAL INSTRUCTIONS:

SHIPPING & HANDLING	
TOTAL	

(OFFICE USE ONLY)
☐ *DVBE*
☐ *Small Business*

SB/DVBE CERTIFICATION #:

Date From:

Date To:

I HEREBY CERTIFY that this purchase is vital and mission critical to the program and operations of the agency/department.

REQUESTED BY:	APPROVED BY:
SIGNATURE	SIGNATURE

VENDOR INFORMATION:

Name of Vendor #1:		Name of Vendor #2:		Name of Vendor #3:	
Contact Name:		Contact Name:		Contact Name:	
Phone:	Email:	Phone:	Email:	Phone:	Email:

NOTES: