## C4 / IT Acquisition Request

(For use of this form see USAR Reg 25-3; the proponent agency is ESA)

Date Requested:(YYYYMMDD)	Date Received:(YYYYMMDD)
(TTT HININED)	Tracking Number:
Originator Name:	Org/Directorate:
(Rank, Name, Phone)	
Estimated total acquisition value: \$	ESA acquisition Local acquisition
MDEP: APE:	AKM waiver attached
Description of items or services to be acquired:	Product specifications attached
	Statement of work attached
Business justification:	C4/IT investment decision package attached
RSAIN (see USAR Reg 25-3, appendix G):	
Other attachments (see instructions in USAR Reg 25-3, appendix F, for docum	
Acquisition strategy and plan Other:	
Signature of requesting authority:	
(Printed name/title)	(Signature)
REVIEWS AND APPROVAL/DISPPROVAL [For ESA use only]	
Reviewer (Rank, name, phone)	Comments attached
Reviewer (Rank, name, phone)	Comments attached
Reviewer (Rank, name, phone)	Comments attached
Reviewer (Rank, name, phone)	Comments attached
Reviewer (Rank, name, phone)	Comments attached
Reviewer (Rank, name, phone)	Comments attached
Reviewer (Rank, name,	Comments attached
Reviewer (Rank, name, phone)	Comments attached
NOTE: All disapprovals will be accompanied by a written memorandum through the Director, ESA to the originator.	
Approved, with the following conditions:	
Disapproved.	
	Data
(Name/Title) (Signature)	Date:(YYYYMMDD)