 Indian Health Service – Project TransAm 

\*\*PLEASE UTILIZE THIS FORM TO OFFICIALLY REQUEST ITEMS FROM PROJECT TRANSAM.\*\*

(This form is to be utilized for requests of items which are not currently in the TrasnAm Inventory (“Wish-List Items”). To request items from the TransAm Inventory, please visit <http://www.ihs.gov/transam>, and click on the “TransAm Inventory Request Form”.)

Organization Name (Tribe & Department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_­\_

Tribal 638 Contract/Compact Number with IHS (Not Tax ID #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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POC (Name, Phone #, Email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* The following information must be completed by a person possessing the authority to approve this request on behalf of the Tribe or Government Agency (Requestor’s Supervisor).\*\***

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby approve the request of the item(s) listed below, and have placed my initials next to each item. I am in a position to approve such a request, and agree with the following:**

* **The item(s) obtained through Project TransAm are done so in an “As-Is” condition.**
* **The department obtaining the equipment WILL, within 10 days of its arrival, complete the Asset Information Worksheet provided by Project TransAm.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Description** | **Qty.** | **Initial** |
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**When completed, please email a copy of this form to Lee Willis (****lee.willis@ihs.gov****), or fax a copy to**

**Mr. Willis @ 615-220-1950.**

(Please Continue onto Next Page if Necessary)

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| **Description** | **Qty.** | **Initial** |
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