ADMINISTRATION & FINANCE
Consolidated Procurement Office

ABSTRACT SUMMARY (FORM PROC-02, Rev. 10.07.26)

APPROVAL ROUTING:

1. Requisitioner _____ ___/___/___
2. UOG Unit Head _____ ___/___/___
3. Certifying Officer _____ ___/___/___
4. Approving Officer _____ ___/___/___
5. Procurement _____ ___/___/___

Vendor No. _____ **Requisition No.** _____ **PO No.** _____

UOG Unit & Dept: _____

Unit's Internal Tracking Number: _____

Requestor's Name, Signature, Date: _____

Justification for Purchase: _____

URGENT [ ] Yes [ ] No

Funding for this Purchase Comes from (check all that apply): ☐ Gov Guam ☐ Y Account ☐ Federal ☐ Other _____(specify)

I CERTIFY THAT THE FOREGOING QUOTATION SUMMARY IS TRUE AND CORRECT. THE RECOMMENDED AWARD IS TO THE RESPONSIBLE VENDOR OFFERING THE LOWEST ACCEPTABLE QUOTATION THAT IS RESPONSIVE TO THE SOLICITATION REQUIREMENTS.		**Date Quote Obtained:**	**Date Quote Obtained:**	**Date Quote Obtained:**
		Vendor Name:	**Vendor Name:**	**Vendor Name:**
Requisitioner's Name	**Process Date**	**DELIVERY Date:** ____ weeks	**DELIVERY Date:** ____ weeks	**DELIVERY Date:** ____ weeks
		Quoted By: _____	**Quoted By:** _____	**Quoted By:** _____
Requisitioner's Signature	**Phone #**			
		Phone #: _____	**Phone #:** _____	**Phone #:** _____

Item Description	**QTY**	**Unit**	**Unit Price**	**Total Amount**	**Unit Price**	**Total Amount**	**Unit Price**	**Total Amount**
1.								
2.								
3.								
4.								
5.								
	Mat. Costs							
	Amt. Disc.							
	NET TOTAL							

Remarks (for use to make notes on payment types, Names of Authorized Buyers on the PO, etc.) ***NOTE: BPAs should include authorized buyers, Name & # of POC, and expiration disclosure on printed comments of REQM.***	**PAYMENT DETAILS**		
	ADVANCE PAY REQUEST Yes☐ No☐ ☐LOCAL *(Memo Attached)* ☐CONUS/OCONUS *(ref: Century 21 Bill)*	**CREDIT CARD PAYMENT** ☐YES ☐NO	**ACH/EFT** ☐ YES ☐ NO
		G/L Account Owner	**Initial**
	G/L & Obj CD # (___%)	Name:	
	G/L & Obj CD # (___%)	Name:	