REQUEST FOR FORMS MANAGEMENT SERVICES (GSA FORMS)

TYPE OF REQUEST

☐ NEW ☐ REVISE ☐ REINSTATE ☐ CANCEL *(If checked, what form replaces)* ▷ | THIS FORM REPLACES

NAME OF REQUESTER	TELEPHONE NUMBER

OFFICE INFORMATION

NAME *(Office, Division, Branch)*	CORRESPONDENCE SYMBOL	ROOM NUMBER

FORM INFORMATION

FORM TITLE	FORM NUMBER

EXPLAIN NEED FOR, CHANGE OR REASON FOR CANCELLING THIS FORM

PRESCRIBING DIRECTIVE *(Order, handbook, or regulation that authorizes use of the form)*	WILL THIS FORM BE SHOWN IN THE DIRECTIVE?
	☐ YES ☐ NO

STOCKED BY *(For Printed Copies Only)*

☐ PUEBLO ☐ REQUESTER

☐ FAS ☐ OTHER *(Specify)*

IF REVISION, EXISTING COPIES SHOULD BE

☐ USED UNTIL SUPPLY RUNS OUT ☐ RECYCLE EXISTING COPIES WHEN NEW FORM IS ISSUED

☐ RECYCLE IMMEDIATELY ☐ OTHER *(Specify)*

HOW WILL INFO BE ENTERED INTO THE FORM?

☐ BY HAND ☐ ELECTRONICALLY ☐ OTHER *(Specify)*

AUTHORIZED FOR OTHER DEPARTMENT/AGENCY USE?

☐ YES ☐ NO

IS THIS AN OMB CLEARANCE FORM?

☐ NO

☐ YES *(Provide Control Number and Expiration Date)* ▷ **OMB**

CONTROL NUMBER	EXPIRATION DATE

SIGNATURE OF APPROVING OFFICIAL *(Supervisor or above)*	DATE

GENERAL SERVICES ADMINISTRATION