



DEPARTMENT OF THE NAVY
NAVAL EDUCATION AND TRAINING PROFESSIONAL
DEVELOPMENT AND TECHNOLOGY CENTER
6490 SAUFLEY FIELD ROAD
PENSACOLA, FLORIDA 32509-5204

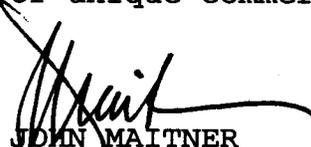
IN REPLY REFER TO
NETPDTCINST 5236.1 CH-1
N6A

23 OCT 2003

NETPDTC INSTRUCTION 5236.1 CHANGE TRANSMITTAL 1

Subj: **REQUISITION/PROCUREMENT AND ADMINISTRATION OF INFORMATION
TECHNOLOGY EQUIPMENT (ITE), SOFTWARE, SERVICES, AND
COMMUNICATIONS**

1. **Purpose.** To issue change 1 to the basic instruction.
2. **Action.** Make the following pen and ink changes to the basic instruction:
 - a. Remove paragraph 1.e. of enclosure (1) and replace with the following:
 - e. Certifies Invoices. N6A1 certifies only N6 procured hardware/software maintenance invoices. N8611 certifies all other invoices.
 - b. Delete paragraph 3.f. of enclosure (1).
 - c. Remove enclosure (2) and replace with NETPDTC 5230/13 (Rev. 07/03).
 - d. Remove paragraph 3.b. of enclosure (3) and replace with the following:
 - b. All software will require DITSCAP (DoD IT Security Certification and Accreditation) and NMCI Certification and a Systems Security Authorization Agreement (SSAA). Contact NMCI ACTR, Larry Russell (extension 1254) if you have locally developed and/or unique commercial software.


JOHN MAITNER
By direction

Distribution: (NETPDTCINST 5216.1G)
Lists I, and II
Web Access: MAIN INDEX
<https://www.netpdtc.cnet.navy.mil/index.cfm/fuseaction/directive.home/index.cfm>

REQUEST FOR ADP EQUIPMENT / SUPPLIES / SERVICES

Requisition No.	Tracking No.	Funding Type OPN <input type="checkbox"/> O&MN <input type="checkbox"/> Reimb <input type="checkbox"/>	Job Order No.	Request Date
Requestor: Name/Code		Approved AIS? Yes <input type="checkbox"/> (If Yes, AIS Name) No <input type="checkbox"/>	Date Required	
Phone No.		POC for Shipment/Repair Name		
Suggested Vendor (One Vendor per Request)		Type of Req / EE		
Name _____		M - Rentals <input type="checkbox"/>	Phone No.	
Address _____		P - Equip Maint <input type="checkbox"/>	Ship to Location	
_____		P - One Time Repair <input type="checkbox"/>	_____	
_____		Q - Purch. Services <input type="checkbox"/>	_____	
_____		T - Parts <input type="checkbox"/>	_____	
_____		T - Software <input type="checkbox"/>	_____	
_____		T - Consumables <input type="checkbox"/>	_____	
_____		W - Equipment <input type="checkbox"/>	Mail Invoices to	
Phone No. _____		W - Furniture <input type="checkbox"/>	_____	
GSA Contract/ Schedule No. _____		Y - Printing <input type="checkbox"/>	_____	
_____		Other <input type="checkbox"/>	_____	

Justification (Mandatory)

Schedule of Supplies/Services to be Procured (attach additional page(s), if required)

Item No.	Model Number Description	Qty	Unit Price	Extended Cost

If microcomputer components, give Make/Model of machine being augmented

	Total Cost
ACTR Approval _____	Signature/Date _____
Div/Dept Head/Spec Asst _____	Signature/Date _____

FOR USE BY MANAGEMENT INFORMATION SYSTEMS DEPARTMENT (MISD) PERSONNEL ONLY

Department Head/Deputy

Approved Disapproved On Hold

Comments _____

Configuration Management Configured by _____ Date Received _____ Approved by _____	Specifications Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Out _____ Date _____
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