



ServMart Waiver Form

Instruction: This Waiver form will be completed prior to purchasing product other than from the MCB K-Bay ServMart Store.

Do not modify this form. Modified versions of this form will not be accepted.

Customer Information

Customer Name:	DoDAAC:
Phone Number:	Email address:

Product Information (attach other sheets as needed)

Part Number	Description	Quantity Requested	Recurring demand item (Y/N)

Justification: (To be completed by authorized vendor representative)

I certify that this item is not currently available.

Printed Name: _____ **Date:** _____

Concurrence (To be completed by GSA Store Manager)

Approved: _____

Denied: _____

Justification for denial: _____

Signature: _____ **Date:** _____

Forms will be valid for 6 months (180 calendar days) from date of final signature.