



State of Michigan

1122 PROGRAM ORDER FORM – DA/DLA Items Only

Date _____

Counter-Drug Source of Supply (SOS)
 Homeland Security B17 A12
 Emergency Response SMS

Ordering Law Enforcement Agency

Agency _____

Point of Contact: _____ E-Mail _____

Phone #: _____ Cell #: _____ Fax#: _____

Ship to

Law Enforcement Agency: _____

Address: _____

City: _____ Zip: _____

Point of Contact: _____

Justification for Order: Provide a narrative of how the requested equipment will support your counter-drug, homeland security and/or emergency response mission. Be descriptive:

| NSN# *DHS-AEL # | Item Description | Qty | Purchase Price | Retail Price | Savings |
|--------------------|------------------|-----|----------------|--------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*DHS-AEL#-Department of Homeland Security, Authorized Equipment List Number (For Homeland Security Only)

Purchase Authorized by:
 Title:
 Head of Local Agency/Chief Executive Official
 Signature:

Order Total _____

Please e-mail this form to Genevieve Hayes at:
hayesg2@michigan.gov

SPOC Approval Yes No

Terms and Conditions-

1. Understanding that DTMB staff does not endorse or recommend any specific vendor, product, or service. The agency will deal directly with the vendor regarding product or service issues. Undersigned agency affirms that is has the funds to pay for this order.
2. Agreement that the undersigned agency representative, who has the authority to do so, holds the State of Michigan harmless in the event of any lawsuit or claim arising because of the acquisition or use of products or services provided under this program.
3. The State has not determined or can guarantee that use of the 1122 Program will satisfy any local purchasing ordinances or policies.