

Department of Veterans Affairs PROSTHETIC AUTHORIZATION FOR ITEMS OR SERVICES

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all providers who must complete this form will average 4 minutes. This includes the time to read instructions, gather the necessary facts and fill out the form. The form is used as an authorization and invoice for direct procurement of new prosthetic appliances or services. Although the service provider must submit a bill to receive reimbursement, return of this form is voluntary. Failure to respond will have no adverse effect on benefits to which the provider might otherwise be entitled.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, U.S.C., Veterans Benefits, and will be used to determine your eligibility/entitlement and reimbursement of individual claims, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.

1. NAME AND ADDRESS OF VENDOR		2. NAME AND ADDRESS OF VA FACILITY		
3. VETERAN'S NAME (Last, First, Middle Initial) <i>(This is a mandatory field.)</i>		4. DATE OF AUTHORIZATION (mm/dd/yyyy)		
5. VETERAN'S ADDRESS		6. DATE REQUIRED (mm/dd/yyyy)		
7. CLAIM NUMBER		9. AUTHORITY FOR ISSUANCE CFR 17.115 CHARGE MEDICAL APPROPRIATION (Specify AMIS Line Number below)		
8. SOCIAL SECURITY NUMBER <i>(mandatory)</i>				
10. STATISTICAL DATA SC IP INITIAL NSC A&A REPEAT OP 50%		11. FOB POINT	12. DISCOUNT TERMS	13. DELIVERY TIME
		14. DELIVER TO:		

15. DESCRIPTION OF ITEMS OR SERVICES AUTHORIZED

ITEM NUMBER	DESCRIPTION/NOMENCLATURE	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT
					\$
ORIGINAL COPY AND COMMERCIAL INVOICE MUST BE SUBMITTED TO THE VAMC PROSTHETIC ACTIVITY LISTED ABOVE					

16. CONTRACT NUMBER (If any)			TOTAL	\$
17. SIGNATURE AND TITLE OF REQUESTING OFFICIAL	18. DATE (mm/dd/yyyy)	19. SIGNATURE AND TITLE OF CONTRACTING/ACCOUNTABLE OFFICER		20. DATE (mm/dd/yyyy)

ORDER AND RECEIPT ACTION

21. ORDER NUMBER	22. DATE OF ORDER	25. The articles or services listed have been received, or rendered ordered and in the quantity and quality specified originally or as shown by authenticated changes, except as noted.
23. DATE ITEM RECEIVED	24. DATE DELIVERED	
SIGNATURE OF VETERAN OR VA OFFICIAL		

VOUCHER AUDIT BLOCK (For use by VA Facility only)

APPROVED FOR \$	DATE	VOUCHER AUDITOR
ACCT. SYMBOL		

TERMS AND CONDITIONS

52.252-02 - CLAUSES INCORPORATED BY REFERENCE (Jun 88)

This contract incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available.

FEDERAL ACQUISITION REGULATION (48 CFR CHAPTER I) CLAUSES

52.203-01	Officials Not to Benefit (Apr 84)
52.203-03	Gratuities (Apr 84)
52.203-05	Covenant Against Contingent Fees (Apr 84)
52.203-06	Restrictions on Subcontractor Sales to the Government (Jul 85)
52.203-07	Anti-Kickback Procedures (Oct 88)
52.212-09	Variations in Quantity (Apr 84)
52.222-03	Convict Labor (Apr 84)
52.222-04	Contract Work Hours and Safety Standards Act --Overtime Compensation (General)(Mar 86)
52.222-26	Equal Opportunity (Apr 84)
52.222-36	Affirmative Action for Handicapped Workers (Apr 84)
52.225-03	Buy America Act -- Supplies (Jan 89)
52.225-13	Restrictions on Contracting with Sanctioned Persons (May 89)
52.232-01	Payments (Apr 84)
52.232-08	Discounts for Prompt Payment (Apr 89)
52.232-25	Prompt Payment (Apr 89)
52.233-01	Disputes (Apr 84)
52.243-01	Changes -- Fixed Price (Aug 87)
52.249-01	Termination for Convenience of the Government (Fixed Price) (Short Form) (Apr 84)
52.249-8	Default (Fixed-Price Supply and Service) (Apr 84)

SHIPPING INSTRUCTIONS NUMBER 1

1. The following shall apply when the Order specified "f.o.b. origin, transportation prepaid, with transportation costs to be included as a separate item on the invoice":

a. Consistent with the terms of the contract, pack, mark and prepare shipment in conformance with carrier requirements to protect the personal property and assure assessment of the lowest applicable transportation charge.

b. Add transportation cost as a separate item on your invoice. Insurance charges will not be paid unless the Order specifically requires that the shipment be insured. If shipment is made by other than parcel post, the invoice must bear the following certification: "The invoiced transportation charges paid and evidence of such payment will be furnished upon the Government's request."

c. Do not prepay transportation charges on this order if such charges exceed \$100.00. Ship collect and annotate the commercial bill of lading "To be converted to Government Bill of Lading". These instructions do not apply if order in question is placed against a Federal Supply Schedule contract that authorizes prepayment or transportation charges regardless of cost.

SHIPPING INSTRUCTIONS NUMBER 2

2. The following shall apply when the Order specifies f.o.b. origin, ship by parcel post:

a. The contractor shall forward the shipment by parcel post using the VA Form 3017 provided with the Order as an address label and postage.

b. The Post Office Department Certificate of Mailing, Form POD 3817, (also provided with the Order), is to be receipted by the sending post office and returned to the VA ordering office as evidence that shipment was mailed. Vendors need not affix postage to the certificate of mailing (POD 3817). It will be accepted for mailing without postage when presented at the post office together with the package bearing the indicia mail label (VA Form 3017).