

## GENERAL ADMINISTRATION FORMS

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110: Purchasing & Supply  
 STATE OF NEBRASKA  
 DEPARTMENT OF ROADS  
**STOCK REQUISITION**  
 Your O.E. Code 541  
 No. 611152  
 (Your Name & Address)  
 RADIO CALL NO. (Your #)

CLASS	STOCK NUMBER	KEY WORD	U/M	REQUESTED	SHIPPED	BACK ORDER	UNIT PRICE	TOTAL PRICE	LOCATION			WORK IDENTIFICATION			COST ACCOUNTING				
									SUPPLY BASE	SECTION	BAY	BIN	PROJECT NUMBER	UNIT	AFE OR CONTR. PREMIX SITE NUMBER	ACTIVITY	ACCOUNT		
1	12 00500	Antifreeze	gal	10									46825					4104	②
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			

① Don't mix Class on a requisition. If you have 2 items each from a different Class, use 2 forms.  
 ② See Accounting Manual (Brown Book) for Class & Stock #'s. Also available thru CICS On-line.

REQUESTED BY: (Name) DATE: FILED BY: (Name) DATE: SHIPPED BY:  MATERIAL VEHICLE  COMMERCIAL  PICKED UP

APPROVED BY: (Name) DATE: RECEIVED BY: (Name) DATE: **11**

District Approver

DR Form 146, May 91

THIS FORM REPLACES DR FORM 146, JUN 87. PREVIOUS EDITIONS WILL BE USED.

NEBRASKA SOY INK

To Supply Base:  
 Purchasing & Supply  
 From: (Name and Address)  
 Your Name  
 Your Address

STATE OF NEBRASKA  
 DEPARTMENT OF ROADS  
**STOCK RETURNED FOR CREDIT**  
 NON-CATALOGED ITEMS

569851 B  
 O.E. CODE 540 NO. PIECES SHIPPED: 8

MATERIEL				COST ACCOUNTING										
CLASS	IDENTIFICATION	QUANTITY		UNIT PRICE	TOTAL PRICE	RETURNED TO LOCATION			HIGHWAY CONSTRUCTION			ACTIVITY	COMMODITY	
		RETURNED	RECEIVED			WAREHOUSE OR STORAGE AREA NO.	SECTION	BAY	BIN	PROJECT	OTHER			AFE OR WORK ORDER OR CONTR. NUMBER
									HIGHWAY MAINTENANCE					
									BRIDGE					
									REFERENCE POST					
									FROM					
									TO					
									DISTRICT INFO					
②	Volumeasure - Parts Listed below		(See CICS Online Catalog)											
	Rubber Pressure Bulb	1												5099 8821
	Quick Coupler	4												5099 8821
	Central Valve	3												5099 8821
① O. E. Code is for Returnpe														
② See Accounting Manual for Class # & Stock #. (Brown Book)														
RETURNED BY: (Name)		DATE: 1-1-82		RECEIVED BY: (Name)		DATE:		SHIPPED BY		<input checked="" type="checkbox"/> MATR'L TRUCK <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> UNIT VEHICLE		07		
APPROVED BY: (Name)		DATE:												

DR Form 147a, May 71

THIS FORM REPLACES DR FORM 147A, NOV 70  
 PREVIOUS EDITIONS WILL BE USED UNTIL EXHAUSTED



# Accountable Equipment Inventory Missing (Lost or Stolen)/Damage Report

**DISTRIBUTION**  
White - Forward for Signatures  
Canary - Retain

DATE: \_\_\_\_\_

ITEM DESCRIPTION:						
<b>COST</b>		Inventory Tag No.:			Serial No.	
Purchase Price	\$	PURCHASE ORDER NO.:			PURCHASE DATE:	
Residual Value	\$	ITEM LOCATION	DIST./DIV.:	BUILDING:	ROOM NO.:	DATE LAST PHYSICAL INVENTORY HELD:

## LOST OR STOLEN

DATE STATE PATROL CONTACTED:	DETAILS:
PERSON/PERSONS CHARGED WITH ITEM CUSTODY:	

IF LOST OR STOLEN FROM INVENTORY, STATE EFFORTS TO LOCATE AND RESPONSIBILITY:

Self explanatory but may need to contact Purchasing & Supply to obtain purchase price & date

## DAMAGED

CITE CIRCUMSTANCES AND NECESSARY DETAILS:

  
  
  
  

PURCHASING & SUPPLY COMMENTS:

  
  
  
  

*(Attach separate sheet if more space is needed.)*

REPLACEMENT REQUIRED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----------------------	------------------------------	-----------------------------

## APPROVAL TO DELETE FROM INVENTORY

DIVISION HEAD/DISTRICT ENGINEER: <i>(Signature)</i>	DATE:
APPROPRIATE DEPUTY: <i>(Signature)</i>	DATE:
<small>AFTER SIGNATURES ARE COMPLETE, PLEASE RETURN TO PURCHASING &amp; SUPPLY DIVISION FOR RECORD DELETION.</small>	DELETED BY: _____ DATE: _____

DR Form 159, Jul 93

THIS FORM REPLACES DR FORM 159, OCT 82.  
PREVIOUS EDITIONS WILL BE DESTROYED.

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State of Nebraska  
Department of Roads

This form required when materials furnished for a project  
are transferred to Maintenance.

**DISTRIBUTION OF COPIES**  
White - Maintenance Division  
Canary - District  
Pink - Superintendent  
Goldenrod - Supervisor

# Maintenance Management Systems Imprest Inventory Adjustment

No. \_\_\_\_\_

SUPERVISOR NO.:		YARD NO.:				Trans. Type		COST ACCOUNTING BY TRANSACTION TYPE							
Date of Issue (Mo./Day/Yr.)	Material Identification	Premix Site (with cold mix only)	Quantity (99999.9)	Transaction Type *	Transaction Unit Price (Transaction Type 4 only)	1 SUPV. NO.	WORK IDENTIFICATION				Transfer Premix Site	AFE OR CONTR. OR PREMIX SITE NUMBER	Activity	Account	
							District, Equipment, Yard, Radio, Scale, Building, Material I.D., etc.	PROJECT NUMBER	UNIT	REFERENCE POST					
						4	902	HIGHWAY NUMBER	BRIDGE	REFERENCE POST	FROM	TO			
						5	O.E.								
9-1-96	0906		18.7	4	21.92	904			23	1007	x600	1	6002	4344	
1	This the ratio call #.														
2	District Maintenance Office can provide this information.														
3	This # is in the Chapter C of MMS manual - always 6 digits.														
4	Always put "4" in this column.														
5	Always put "902" in this column.														
6	Always put "X600" in this column.														
7	Always put "1" in this column.														
8	A number between 6002 and 6260 from Accounting Manual goes here.														
9	Always put "4344" in this column.														
10	Make sure when paying bills for material charged to 4220 that you use correct unit of measure. May have to convert cu. yds. to tons for aggregates, etc. Call Joy Lapsley at (402) 479-4545 if you have questions.														
			.		.										
			.		.										
			.		.										

**TRANSACTION TYPES \***  
 1 = Transfer of material to another Supervisor's Inventory  
 2 = Issue of material to a noncrew card activity  
 4 = Reusable material charged to the Imprest Inventory  
 5 = Stockpiling of state-owned material (Quantity Only)

**Sold To or Comments:**  
 .....  
 .....  
 .....

Material Received/  
 Used By: Maintenance Supt. Date: .....  
 Approved By: Dist. Maint. Supt. Date: .....

DISTRIBUTION		FURNITURE AND EQUIPMENT		DATE:
White - Purchasing & Supply		Pink - Engineering Equipment		
Canary - Purchasing & Supply (Return Receipt)		Goldenrod - Originator (Retain)		
<b>ISSUE/TRANSFER DOCUMENT</b>				
<b>FROM</b>	O.E.	DIVISION/DISTRICT:		
	your	District 1		
<b>TO</b>	O.E.	BLDG.	ROOM	DIVISION/DISTRICT:
			19	District 8
ITEMS				
INVENTORY TAG NUMBER	DESCRIPTION			SPECIAL INSTRUCTIONS/NOTES
<b>1</b>	xxxxxxxxxxxxxxxx	Desk, Grey Metal		
<b>2</b>				
<b>3</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
RECEIVED BY:		ENTERED BY:		AUTHORIZED BY:
		Your Name		District Authority

DR Form 332, Nov 82

THIS FORM REPLACES DR FORM 332, NOV 82,  
PREVIOUS EDITIONS WILL BE USED.

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