



**Department of Finance & Administration
Office of State Procurement**

MATERIAL MASTER REQUEST - FORM OSPM100

NEW

CHANGE

DELETE*

*Material Number: _____

MATERIAL CATEGORY

Consumable (non-stock)

Stock (inventory)

Service

PLANT INFORMATION

Plant Number: _____

Storage Location: _____

(Stock Material Only)

Material Description: (Please describe how this material will be used.)

UNIT OF MEASURE

Base Unit of Measure: _____

Alternate UOM (optional): _____

Conversion Factor: _____

(Alt. Unit) = _____ (Base Unit)

Alternate UOM (optional): _____

Conversion Factor: _____

(Alt. Unit) = _____ (Base Unit)

Issue UOM (Stock Materials Only): _____



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MATERIAL STORAGE INFORMATION

Hazardous Material: Yes No Unknown

Yes-MSDS#: _____

Batch Managed: Yes No Unknown

Shelf Life Managed: Yes No Unknown

Minimum # of days of remaining shelf life required upon receipt: _____

MRP DATA (for Stock Materials Only)

MRP Area: _____

MRP Controller: _____

Reorder Point: _____

AGENCY CONTACT INFORMATION

Requester's Name: _____

Email Address: _____

Agency Name: _____

Telephone Number: _____

Fax Number: _____

Agency Number: _____

Agency Address: _____

City: _____

State: _____

Zip: _____

Please Remit Form to your Agency Approving Official.