

**Attachment B - Example Product Cancellation Form**

**Instructions**

- 1) This form is to be used only when an awarded line item product ceases to be available from the manufacturer and a substitute product will not be available.
- 2) Contractor **shall** make every effort to find a substitute product that best matches the specifications of the product being cancelled before submitting this form to OSP.

Date Request Submitted: \_\_\_\_\_ Request Submitted By: \_\_\_\_\_  
*(Signature in Ink)*

Contractor Name & Business Address:

Has every attempt been made to source a substitute product: Yes or No

Contractor inventory level at the time of notice filed:

Number of Available Days of Current Inventory Before Depletion:

Current Purchase Orders with Cancelled Items? If yes, list the name of the Purchasing Entity. \_\_\_\_\_

**ITEM NUMBER, ITEM DESCRIPTION, AND REASON FOR PRODUCT CANCELLATION**

|  |
|--|
|  |
|--|

**PURCHASING ENTITIES WITH BIGGEST PURCHASE VOLUME**

|  |
|--|
|  |
|--|

Date Approved: \_\_\_\_\_

OSP Buyer Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_

OSP Team Manager Signature: \_\_\_\_\_