

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: _____