**CONTRACTOR AUTHORIZATION FOR USE OF FSS CONTRACTS**

Name of Company

ATTN:

Street Address

City, State, Zip

Subject:  ***[Insert contract number and project description]***

Date: ***[Insert date]***

Dear ***[Insert name],***

As a Government ***[Insert contract type, i.e cost-reimbursement]*** contractor under contract ***[Insert contract number]***, you are hereby authorized to place orders under GSA’s Federal Supply Schedule (FSS) programs, subject to the conditions listed below:

1. This authorization expires on ***[Insert date].***
2. Purchases made under this authorization are limited to $ ***[Insert amount***].
3. This authorization is limited to the following FSS contract(s): ***[List contracts].***
4. This authorization (does/does not) apply to overhead supplies, and (does/does not) apply to production supplies.
5. This authorization is limited to the following facility ***[Insert contractor facility name and location]***
6. Vesting of life for supplies purchased under this authorization must be as follows: ***[Insert vesting*** ***information].***
7. ***[Other limitations may be inserted here].*** Any supplies or services purchased under this authorization must be properly accounted for and properly used. You are authorized to order only those supplies and services required in the performance of your contract(s) referred to above. You are responsible for compliance with the application policies and procedures prescribed for purchases from FSS contracts.

If you have any questions, please contact me at [Insert phone number] or [contracting.officer@faa.gov].

Sincerely,

***[Insert CO’s Name]***

Contracting Officer

***[Insert Office Name/Code (e.g., AAQ)]***

***[Insert Office Address]***