

<b>PROS CUSTOMER INQUIRY FORM</b>		<b>COUNTRY CODE:</b>	<b>DATE SUBMITTED:</b>
SUBMIT TO: <a href="mailto:AFLCMC.WFALC.PROS_PMO@us.af.mil">AFLCMC.WFALC.PROS_PMO@us.af.mil</a>			
<b>NAME/ORGANIZATION:</b>	<b>EMAIL ADDRESS/PHONE:</b>	<b>DCN:</b>	<b>REQUISITION TYPE:</b>
<b>DETAILED INQUIRY NARRATIVE:</b>			
<b>CUSTOMER STOP</b>			
<b>RECEIVED/VALIDATED BY:</b>			<b>DATE RECEIVED:</b>
<b>PMO DISPOSITION:</b>			
<b>CONTRACTOR DISPOSITION:</b>			

<b>INQUIRY RESOLUTION:</b>	<b>DATE RESOLVED:</b>
<b>Additional Information</b>	
<b>CUSTOMER:</b>	
<b>PMO:</b>	
<b>CONTRACTOR:</b>	