Your Hospital's Logo

THIS IS NOT A PURCHASE ORDER

YOUR HOSPITAL PURCHASE REQUEST

Here	DATE REQUESTED	REQUESTOR	DEPARTMENT	COST CENTER	PHONE N	UMBER	DATE REQUIRED	
CATALOG NUMBER		☐ RETURN ☐ ORDER		QUANTITY		JNIT EX	XTENDED PRICE	
					SUB TOTAL			
VENDOR	COMPANY NAME	COMPANY ADDRESS	REP NAM	IE (If Known)	DISCOUNT NEGOTIATED			
RECOMMENDATION:			PHONE		TOTAL PRICE			
JUSTIFICATIONS: -								
		APP	ROVALS					
DEPARTMENT BUDGET PATIENT CHARGE IN THE PROPERTY OF THE PROPER		ABLES 3050 SMALL EQUIPMEN REQUESTOR			CONSTRUCTION PROJECT DEPT DIRECTOR / VP		CAPITAL NURSE MANAGER	
MANAGER	AGER DEPARTMENT MANAGER				M/E DIRECTOR		DIRECTOR	
DIRECTOR	DIRECTOR (OPTIONAL)	DIRECTOR	DIRECTOR		VP FACILITIES		VP DIVISION	
VP (LEASE / CONTRACTS) DIRECTOR: MATERIAL MGMNT		VP (OPTIONAL)		VP FINANCE	VP FINANCE		VP FINANCE	
	PATIENT CHARGE REQUEST I	MUST ACCOMPANY PRESIDENT (PRESIDENT (< \$500)		PRESIDENT		PRESIDENT (> \$25,000)	
	7 6 7	5	3 0 5					
DEPT ACC			PT	PROJECT	NUMBER	CAPITAL ACC	COUNT NUMBER	
DELIVERY INSTRUCTIONS	HAZARDOUS MATERIAL	☐ YES ☐ NO IF™	/ES", EXPLAIN:					
B/O YES .	NO BIOMED ACCEPTANCE REQUIRE	ED YES NO	BIOMED NOTIFIED	☐ YES ☐ ∧	IO GPO CONTRA	CT	YES 🔲 NO	
DATE ORDERED PO#	BUYER	VENDOR#	CONFIRMED WITH	ESTIMATED DELIVE	ERY DATE FREIO	GHT FEES PA	NYMENT TERMS NET	

SHADED AREAS TO BE COMPLETED BY PURCHASING