Alta Bates Summit Medical Center

PURCHASE REQUEST

INSTRUCTIONS: PLEASE - One vendor per purchase request! This form is to be used for all repairs, subscriptions, services and supplies NOT listed in the inventory catalog or not routinely ordered. For supplies routinely ordered, please refer to Department Ordering Catalog/Template. PLEASE COMPLETE ALL INFORMATION REQUIRED.

Buyer's Name
For Materials Management Use Only

DATE	DATE MATERIAL REQUIRED	COST CENTER	THIS SECTION FOR REPAIRS

SAMUEL MERRITT UNIVERSITY - COMPANY 215

REQUESTING DEPT.	MODEL NO.

ADDRESS	CITY	STATE	ZIP CODE	SERIAL NO.

BUILDING	FLOOR	SUITE NO.	PHONE NO.	EXT.	Value of Equip.	Approx. Date of Purchase

VENDOR	VENDOR ADDRESS

CITY	STATE	ZIP CODE	PHONE NO.

IS THE ITEM(S) YOU ARE REQUESTING A PHARMACEUTICAL? ☐ NO ☐ YES
IF YES, PLEASE INDICATE THE NDC # BELOW.

PO # *For Materials Management Use Only*

Quantity	UNIT	CATALOG	NDC #	DESCRIPTION	Sub Account	UNIT COST	TOTAL COST
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
						SUB	$0.00
						TAX	$0.00
						FREIGHT	$0.00
						TOTAL	**$0.00**

NOTE: Policy for disbursement states that two signatures are required for all disbursements. The reviewing and approving signature must always be, at a minimum, one level of management above the requesting signature.

REQUESTED BY	DATE
REVIEWED AND APPROVED BY	DATE

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