Sutter Health
East Bay Region
With You. For Life.

PURCHASE REQUEST FORM PO#

INSTRUCTIONS: PLEASE - One vendor per purchase request! This form is to be used for all repairs, services and supplies ***NOT*** ordered via RSS, handheld or storeroom replenishment. **PLEASE COMPLETE ALL INFORMATION REQUIRED.**

DATE	DATE MATERIAL REQUIRED	COST CENTER

COMPANY SHIP TO
☐ ALTA BATES ☐ HERRICK CAMPUS ☐ SUMMIT ☑ SMU
☐ SUTTER DELTA ☐ EDEN ☐ SAN LEANDRO ☐ EBMF

REQUESTING DEPARTMENT

ADDRESS CITY STATE ZIP CODE

BUILDING FLOOR SUITE NO. PHONE NO. EXT

VENDOR NAME PHONE NO. EXT

ADDRESS CITY STATE ZIP CODE

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

DOES THIS ITEM REQUIRE AN MSDS FORM? ☐ YES ☐ NO (IF YES, PLEASE HAVE COMPANY PROVIDE ONE)

Tax Does NOT Apply	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
							SUB	$0.00
							TAX	$0.00
							FREIGHT	
							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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