

Ann & Robert H. Lurie Children's Hospital of Chicago

PURCHASE REQUISITION

<input type="checkbox"/> HOSPITAL COST CTR	<input checked="" type="checkbox"/> FUND PURCHASE	<input type="checkbox"/> SUBSID. CORP.
--	---	--

X

PURCHASING (NON-STOCK)
WAREHOUSE (STOCK)
INTERDEPARTMENTAL TRANSFER REQUISITION

Page 1 of 1 Pages

DATE REQ.	DEPARTMENT NAME	BOX NO.	CHARGE TO C.C.	PHONE EXT.	REQUESTED BY	DATE REQ.
DELIVER TO	BUILDING/ ROOM NO.	DELIVER TO C.C.	PHONE EXT.			

DO NOT USE FOR CAPITAL REQUESTS

FOR PURCHASING USE ONLY:	VENDOR	PURCHASE ORDER NO.	DATE P.O. PLACED

ITEM NO.	QTY.	UNIT OF MEASURE	HOSP. ITEM NO.	MANUFACTURER NAME & CATALOG NO.	DESCRIPTION	UNIT COST	EXTENSION	CODING

INSTRUCTIONS

TOTAL ▶

- ORDERS FOR STOCK AND NON-STOCK ITEMS CANNOT BE COMBINED ON ONE REQUISITION
- TYPE OR PRINT
- FOR NON-STOCK/PURCHASING REQUEST, COMPLETE ALL AREAS. INCLUDE HOSP. ITEM NO. IF KNOWN
- FOR STOCKWAREHOUSE REQUEST, COMPLETE TOP PORTION PLUS MFG. NAME & CATALOG NO., UNIT COST, EXTENSION AND CODING BOXES.
- FOR INTERDEPARTMENTAL REQUISITIONS, COMPLETE FIELDS NECESSARY, INSERT DEPARTMENT FILLING REQUISITIONS IN "VENDOR" FIELD.
- REMOVE AND RETAIN YELLOW COPY; FORWARD WHITE COPY TO PURCHASING OR THE WAREHOUSE OR SUPPLYING DEPARTMENT.
- DO NOT USE THIS FORM FOR CAPITAL REQUESTS. USE FORM NO. 831083089 FOR CAPITAL EXPENDITURES. THIS FORM IS AVAILABLE FROM THE PURCHASING DEPARTMENT.

SUGGESTED VENDOR	VENDOR CONTACT
VENDOR ADDRESS	VENDOR PHONE
AUTHORIZED SIGNATURE	DATE

Project Name: _____

Coordinator: _____

Email: _____

Purpose: _____

Distribution method: _____

IRB #: _____