

PURCHASE REQUISITION

Purchase Requisition #	System Req#	Buyer ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>

- DELIVERY TO:**
- St. Michael's, 30 Bond St. M5B 1W8
 - Li Ka Shing Knowledge Institute, 209 Victoria St. M5B 1T8
 - Providence Healthcare, 3276 St. Clair Ave. E. M1L 1N1
 - St. Joseph's Health Centre, 30 The Queensway, M6R 1B5

Please ensure all information and an authorized signature are included when submitting a Purchase Requisition. A delay may occur if an incomplete form is submitted to Supply Chain Services.

Purchase Requisition Type: (Please check one)	<input type="checkbox"/> Bill Only	<input type="checkbox"/> Capital	<input type="checkbox"/> Consignment	<input type="checkbox"/> Loaner	<input type="checkbox"/> Minor Equip. (<5 k)	<input type="checkbox"/> Return	<input type="checkbox"/> Service	<input type="checkbox"/> Service Supplies	<input type="checkbox"/> Trial
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Date Submitted	Requester Name (please print)	Phone No. / Extension	Requester's email ID	Purchase Order Number Assigned by Supply Chain Services
Date Required by	Department Name:	Project # / Asset:	Requesting Location:	

Name of Vendor:	Contact Name:	Phone No:	Email Address:
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Co.	Accounting Unit	Account	Vendor Catalogue No.	Item #	Item / Service Description	Quantity	Unit of Purchase	Unit Price	Extended Price

Comments / Special Instructions:

Authorized Names	Authorized Signature:	Authorized Names	Authorized Signature:	Total Cost:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	