

PURCHASE REQUISITION (This is not a purchase order)

Requisitioning Health Service _____ Requisitioning Department: _____

TO BE COMPLETED BY REQUISITIONER												
Requestor Name _____					Supplier _____			Order Number _____			Order Date _____	
Email _____					Delivery Location _____			Placed By _____ (MH Office Use Only)				
Telephone _____												
PART NUMBER	ITEM NUMBER	DESCRIPTION OF GOODS		FINANCE	QUANTITY	UOM	UNIT PRICE	GST	TOTAL			
			COST CENTRE									
			ACCOUNT									
			COST CENTRE									
			ACCOUNT									
			COST CENTRE									
			ACCOUNT									
			COST CENTRE									
			ACCOUNT									
DEPARTMENTAL AUTHORISATION (COST CENTRE MANAGER) I authorize the purchase of the above goods against the stated account allocation.					SPECIAL INSTRUCTIONS:				Grand Total			
Signature: _____												
Print Name _____			Date: _____									