

Donated Capital Equipment Request and Authorization Process

Identification of the need for a new piece of equipment giving consideration to regional standardization.* **Director of Health Services/Regional Director** If pricing is required, fill out Request for Information Form (ORG.1710.PL.001.FORM.04) **Director of Health Services/Regional Director** Determine if Donor(s) are willing to commit funds towards the purchase cost. Can the Donor(s) fund the total purchase cost? **Director of Health Services/Regional Director** YES NO Can we obtain further funding to proceed? Director of Health Services/Regional Director/ Senior Leader NO YES Process is ended. Director of Health Services/Regional Director are informed that the equipment will not be purchased. **VP Finance & Planning** Complete an Equipment Authorization Form ORG.1313.PL.001.FORM.01 and send to your Senior Leader for signature along with a current quote. Director of Health Services/Regional Director Senior Leader signs and forwards Equipment Authorization Form ORG.1313.PL.001.FORM.01 and quote to VP Finance& Planning for final approval Senior Leader VP Finance & Planning provides signature approval. Form and quotes are sent to Capital Accounting Officer for authorization number, GL allocation, electronic filing and notifying the Designated Regional Material Manager for processing. **VP Finance & Planning**

- > Equipment needs given scope of services provided
- > Environmental factors and compatibility with other equipment
- > Other information pertinent to the proposed equipment purchase
- Equipment standardization andExisting contract requirements

^{*} Prior to pursuing the process to acquire new or replacement equipment the respective Regional Program Director is consulted with respect to: