#### New Inventory Item (SKU) Request Form

#### Product Standardization 🞏 Product Trial/Evaluation 🞏

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| Requesting Facility/Program/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Reason for request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Benefits expected for using this product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Item Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Vendor Part Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Annual Volume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit of Measure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Product? Yes \_\_\_\_\_ No \_\_\_\_\_ Existing Product Replacement? Yes \_\_\_\_\_ No \_\_\_\_\_\_  If Yes, what product will the item replace? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Item #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Requested: \_\_\_\_\_\_\_\_  (Please Print) (Department)  Distribution Centre to stock Item  Southern Distribution Center (BDC) (Boundary Trails Health Centre)  Northern Distribution Center (PDC) (Portage District General Hospital)  Steinbach Distribution Center(SDC) ( Bethesda Regional Health Center) |

#### Section 2 - Distribution Centre

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| Cost of the Item: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase U of M: \_\_\_\_\_\_\_\_\_\_ Issue U of M: \_\_\_\_\_\_\_  Taxes: Both PST Only GST Only  Product Standardization Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Product Standardization Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bin Location: \_\_\_\_\_\_\_\_\_\_\_ Minimum: \_\_\_\_\_\_\_\_\_\_\_ Maximum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of BDC - Regional Materials Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of PDC - Regional Materials Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date request sent to the Item (SKU) Master: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

#### Section 3 - SKU Master

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| SKU Number Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SKU Master Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SKU Contract Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Entered and Returned  to Distribution Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |