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

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

|  |
| --- |
| 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 ItemSouthern 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

|  |
| --- |
| 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

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