



## PURCHASE REQUISITION FORM (Non Routine Purchases)

FACILITY: \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE REQUIRED \_\_\_\_\_

ORIGINATOR: \_\_\_\_\_

PHONE # \_\_\_\_\_

GL ACCOUNT CODE: \_\_\_\_\_

FAX # \_\_\_\_\_

<b>SHIP TO:</b>
Name: _____
Address: _____
Town/City: _____
Postal Code: _____
Phone: _____

QTY.	Description	Estimated Cost	Part#	Suggested Vendor	(LSCM use Only) Due Date

**Cost per Item:**

**Non Routine Purchase**

Less than \$500.00 – Facility/Program Manager

\$500.00-\$1000.00 – Facility/Program Director

\$1000-\$2000.00 – Senior Leader

**Minor Equipment**

\$500.00 - \$2000.00 – Senior Leader

**Repairs & Maintenance – Non Routine**

Less than \$2000.00 – Facility/Program Manager

Logistics & Supply Chain Management USE ONLY	
Order Date:	P.O.#
Purchased By:	
Portage Distribution Centre - Fax: (204) 239-7027 <a href="mailto:stores-pdgh@southernhealth.ca">stores-pdgh@southernhealth.ca</a>	
Boundary Distribution Centre - Fax: (204) 331-8806 <a href="mailto:stores-bthc@southernhealth.ca">stores-bthc@southernhealth.ca</a>	
Steinbach Distribution Centre Fax :(204) 346-0380 <a href="mailto:SteinbachDC@southernhealth.ca">SteinbachDC@southernhealth.ca</a>	

**APPROVAL:** \_\_\_\_\_

Name: Please Print

Signature