



PURCHASE REQUISITION FORM (Non Routine Purchases)

FACILITY: _____

DATE _____

DEPARTMENT: _____

DATE REQUIRED _____

ORIGINATOR: _____

PHONE # _____

GL ACCOUNT CODE: _____

FAX # _____

SHIP TO:
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 stores-pdgh@southernhealth.ca	
Boundary Distribution Centre - Fax: (204) 331-8806 BTHCStores@southernhealth.ca	
Steinbach Distribution Centre Fax :(204) 346-0380 SteinbachDC@southernhealth.ca	

APPROVAL: _____

Name: Please Print

Signature