<b>™</b> McLaren
HEALTH CARE
PURCHASE REQUES THIS IS NOT AN ORDER
DEPARTMENT NAME

DELIVER TO LOCATION

DEPARTMENTAL APPROVAL

CAPITAL EQUIPMENT OR PROJECT #

U/M

MFG. OR CAT. #

REQUESTED BY

QTY

N ST		PURCHASE STANDING ORDI SERVICE CONTI CAPITAL EQUIP ADD TO STOCK TRIAL RETURN	ER     RACT     MENT	OTHER	Subsidiary  McLaren Flint McLaren Health Pla McLaren Greater La McLaren Medical G McLaren Lapeer Re McLaren Homecare	nsing roup gion	60 870 500 810 110	Subsidiary  McLaren  McLaren  McLaren  McLaren  Other	Macor Oakla Health	egion 2 mb 2 nd 3 n Care		PURCHASE ORDER NUMBER
	DE	EPARTMENT #		DATE	SUGGESTED VENDOR							
	•		REQUIRED DI	ELIVERY DATE	VENDOR ADDRESS					PHONE NUI	MBER	
PHONE I	NUMBER		FAX NUMBER		CITY	STATE		ZIP	F.O.B.	I	TERMS	
				DATE	ACCOUNT#		REPRESE	ENTATIVE			FAX NUMB	ER
				<u> </u>	DATE ORDERED		DELIVER	Y DATE	BUYER		PH	ONE NUMBER
#	COST	CENTER or GL	#		DESCRIPTION	ON				UNIT	PRICE	TOTAL
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Approvale:	•	PHNS	Date
Approvals:		FIINO	_Date
Administration		Finance	_Date
Clinical Eng. Ser.	Date	Purchasing	Date
8000002 (6/12)	WHITE/PINK - PURCHASING	CANARY - REQUISTIONER	