McLaren Business Products

McLaren Print System Order

Order No: 43980
Order Date: 2019-03-27
User: roman kinal
Phone: 248 922-6820

Ship Location: McLaren Oakland - Clarkston PT dept
5701 Bow Pointe Dr. Ste 310
Clarkston, mi 48346
Forms
Quantity: 100
Paragon Dept No: 8437
Dept Name: Clarkston PT and Sports Medicine
Company Number: 310

Order Total Price: 18.95

Item Number: 8000002
Item Description: Purchase Request
Revision Date: 10/2014
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren
HEALTH CARE
PURCHASE REQUEST
THIS IS NOT AN ORDER

☐ PURCHASE ☐ CREDIT
☐ STANDING ORDER ☐ EXCHANGE
☐ SERVICE CONTRACT ☐ REPAIR
☐ CAPITAL EQUIPMENT ☐ OTHER
☐ ADD TO STOCK ☐ _____
☐ TRIAL
☐ RETURN

Subsidiary	Co. #	Subsidiary	Co. #
☐ McLaren Flint	60	☐ McLaren Bay Region	210
☐ McLaren Health Plan	870	☐ McLaren Macomb	260
☐ McLaren Greater Lansing	500	☐ McLaren Oakland	310
☐ McLaren Medical Group	810	☐ McLaren Health Care	10
☐ McLaren Lapeer Region	110	☐ McLaren Port Huron	480
☐ McLaren Homecare Group	850	☐ Other	

PURCHASE ORDER NUMBER

DEPARTMENT NAME | DEPARTMENT # | DATE | SUGGESTED VENDOR
DELIVER TO LOCATION | REQUIRED DELIVERY DATE | VENDOR ADDRESS | PHONE NUMBER
REQUESTED BY | PHONE NUMBER | FAX NUMBER | CITY | STATE | ZIP | F.O.B. | TERMS
DEPARTMENTAL APPROVAL | DATE | ACCOUNT # | REPRESENTATIVE | FAX NUMBER
CAPITAL EQUIPMENT OR PROJECT # | DATE ORDERED | DELIVERY DATE | SHIPVIA | PHONE NUMBER

QTY	U/M	MFG. OR CAT. #	COST CENTER or GL #	DESCRIPTION	UNIT PRICE	TOTAL

Approvals:
Administration _____ Date _____
Clinical Eng. Ser. _____ Date _____
PHNS _____ Date _____
Finance _____ Date _____
Purchasing _____ Date _____
WHITE/PINK - PURCHASING
CANARY - REQUESTIONER

Spec Info: Please put ROMAN on order so my front office knows to deliver it to me