McLaren Business Products

McLaren Print System Order

Order No: 8457 Reprint Previous Order No: 6400
Order Date: 2015-01-26
User: McLaren BC
Phone: floor

Ship Location:

,
Forms
Quantity: 100
Paragon Dept No: 1122
Dept Name: Already printed
Company Number: 60

Order Total Price: 18.35

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

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