

Oracle Number: _____ (if available)
Group & Category: _____ (if available)

Requestor Information (To be completed by Requestor – if request for quote form NOT attached)

Requestor Name: _____ Facility/Dept: _____
 Phone Number: _____ Request for Price Quote Attached: Yes No
 Action Required: _____ Expense Secondary Code: _____
 Full Description: _____
 Company: _____ Company Item Number: _____
 Monthly Usage: _____ Date: _____ **See page 2 if template maintenance is required**

SSO Information (MM Use Only)

Company Name: _____
 Company Contact Name: _____
 Quote Number: _____ Price: _____ Taxable: Yes No
 Unit of Purchase: _____ Conversion: _____ Expiry Date: Yes No
 MDL: _____ Risk Class: _____ Latex Content: Yes Free
 SSO Signature: _____ Date: _____

Inventory Information (MM Use Only)

Good <input type="checkbox"/>	Inventory <input type="checkbox"/>	New <input type="checkbox"/>	Turn to Purchase <input type="checkbox"/>	Make Inactive <input type="checkbox"/>	Equipment <input type="checkbox"/>
Service <input type="checkbox"/>	Direct <input type="checkbox"/>	Modify <input type="checkbox"/>	Turn to Inventory <input type="checkbox"/>		Consumable <input type="checkbox"/>

Distribution Center: EDC WDC Pandemic Expense Secondary Account Code: _____
 Monthly Usage: _____ Unit of Issue: _____ Conversion: _____
 Fixed Lot Multiplier: _____ Min/Max: _____ / _____
 Safety Stock Level: _____ Safety Stock UOM: _____
 Analyst/Supervisor Signature: _____ Date: _____

Alternate Distribution Center: EDC WDC Pandemic Expense Secondary Account Code: _____
 Monthly Usage: _____ Unit of Issue: _____ Conversion: _____
 Fixed Lot Multiplier: _____ Min/Max: _____ / _____
 Safety Stock Level: _____ Safety Stock UOM: _____
 Analyst/Supervisor Signature: _____ Date: _____

SurgiNet Information (OR Use Only)

Preference Card Attachment: Yes No Preference Card Location Site: _____
 Preference Card Item Class: _____ Working Title: _____
 SurgiNet Representative Signature: _____ Date: _____

Item Maintenance Information (MM Use Only – To be completed by Procurement Tech)

Assigned Oracle Number: Sourcing Completed: Yes No
 Added to template: Yes No Updated File: Yes No
 Procurement Technician: _____ Date: _____

Template:

Inventory <input type="checkbox"/>	New <input type="checkbox"/>	**Note, if this is a modification to a current oracle number, your oracle template will update automatically at 24:00 hours
Direct <input type="checkbox"/>	Modify <input type="checkbox"/>	

** If you are requesting a New Template above please provide a list of items you would like on your template. For assistance please contact your buyer.

** If you are requesting a modification to a current template that includes a number of changes or additions, please print your oracle template with additions and changes then attach to this form.

** If you are only modifying or adding one item to your existing template, please indicate below

Oracle Template Update: (i.e. QEH Unit 1 Direct)

Oracle Number: _____ (Complete an item maintenance sheet if a new oracle number is required)
 Stock Level: _____
 Template Name(s): _____
 Additional Information or Notes (If a specific template line/ location is preferred, specify here):

QEH SPD Information (SPD Use Only)

Charge or No Charge Item: _____

Materials Management Information (MM Use Only)

Template Update Completed by: _____ Date: _____