

Health PEI

One Island Health System

PURCHASE REQUISITION

Department/Facility:	Requisition Date:	Vendor Name:
Ship to:	PO #:	
Contact Person:	Tel:	
Est. Costs if prices not listed:	Is Item Budgeted? Yes _____ No _____	

PST Included Credit or Flat Discount	PST Exempt Shipping Charges	Verified Buyer	Net amount
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Oracle Item No.	Qty.	Measure	Description	Vendor Product Number	Dept	Service	Facility	Primary	Secondary	Program	Unit Price
					1						
					1						
					1						
					1						
					1						
					1						
					1						
					1						
					1						
					1						
					1						

Prepared By: _____ Date: _____ Authorized By: _____, _____ Date: _____