

UNLV | Medicine

PROCUREMENT REQUEST

PRIORITY (circle one): YES / NO

SECTION I: REQUESTER INFORMATION			
REQUESTING DEPT:		DATE OF REQUEST	
CONTACT NAME:		CONTACT PHONE:	
CONTACT TITLE:		CONTACT EMAIL:	

ORDER INFORMATION

Vendor: _____ Contact Person & Phone # : _____

Product Description: _____ Cost/unit: _____

Catalog # (if unknown, then write N/A): _____ Quantity: _____

Total Request Amount: _____

Explanation of Product use: _____

If requesting specific vendor can an alternate be used: Yes or No

Clinical explanation why alternative cannot be used: _____

Is this product IT related: Yes or No

If yes has IT approved: Yes or No Who in IT approved: _____

Is this a new product being used: Yes or No

Anticipated patient volume that you expect to use this product on: _____

If this is a new product has the reimbursement rate been checked: Yes or No

If yes, what is the Medicare reimbursement rate: _____

Is this a replacement of current equipment: Yes or No If yes please explain: _____

Is there a quote, if yes attach to request: Yes or No

Additional Information: _____

Is this a budgeted item: Yes or No

If yes attach copy of budget if no please explain: _____

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Approval Process

Purchases \$5,000 or less – Department Administrator

Purchases \$5,001 - \$10,000 – Department Administrator, Department Chair, and Director of Procurement

Purchases \$10,001 - \$25,000 – Department Administrator, Department Chair, Vice President, COO

Purchases \$25,001 and over – Department Administrator, Department Chair, Vice President, COO, Vice Dean/CEO (*purchase justification required for over \$25,000*)

SECTION II: APPROVAL OF REQUEST			
Administrator			
Print Name	Signature		Date
Department Chair			
Print Name	Signature		Date
Director of Procurement			
Christie Putman	Signature		Date
Vice President			
Julie Young	Signature		Date
COO			
Tanya Stringer	Signature		Date
CEO of UNLV Medicine			
Dr. Michael O. Gardner	Signature		Date

*All non-budgeted procurement requests require a justification.