

## OTHER 3RD PARTY SERVICES FORM

ADMINISTRATIVE DEPARTMENT

| PURPOSE OF SERVICE   |  |   |  |                |  |     |           |              |  |
|--|--|---|--|----------------|--|-----|-----------|--------------|--|
| DATE OF SERVICE  |  |   |  | DATE REQUESTED |  |     |           |              |  |
| DESCRIPTION  |  |   |  | QTY            | U  | NIT | UNIT COST | TOTAL AMOUNT |  |
|  |  |   |  |                |  |     |           |              |  |
|  |  |   |  |                |  |     |           |              |  |
|  |  |   |  |                |  |     |           |              |  |
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|  |  |   |  |                |  |     |           |              |  |
|  |  |   |  |                |  |     |           |              |  |
| GRAND TOTAL  |  |   |  |                |  |     |           |              |  |
| PREPARED BY  |  | ENDORSED BY   |  | APPROVED BY    |  |     |           |              |  |
| Employee's Signature (Signature over Printed Name) DATE SIGNED: BMI-FORM-ADM-008 |  | Immediate Superior (Signature over Printed Name) DATE SIGNED: |  |                | KATHLEEN REYES, MHM, DBA Chief Operating Officer  DATE SIGNED: |     |           |              |  |



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| PURPOSE OF SERVICE                                     |                                |   |     |      |  |              |  |  |  |
|--|--------------------------------|---|-----|------|--|--------------|--|--|--|
| DATE OF SERVICE  |                                |   |     |      | DATE REQUESTED   |              |  |  |  |
| DESCRIPTION  |                                |   | QTY | UNIT | UNIT COST  | TOTAL AMOUNT |  |  |  |
|  |                                |   |     |      |  |              |  |  |  |
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|  |                                |   |     |      |  |              |  |  |  |
| GRAND TOTAL  |                                |   |     |      |  |              |  |  |  |
| PREPARED BY  |                                | ENDORSED BY   |     |      | APPROVED BY  |              |  |  |  |
| Employee's Si<br>(Signature over Print<br>DATE SIGNED: | gnature<br><sup>ed Name)</sup> | Immediate Superior (Signature over Printed Name) DATE SIGNED: |     |      | KATHLEEN REYES, MHM, DBA Chief Operating Officer  DATE SIGNED: |              |  |  |  |
| BMI-FORM-ADM-008                                       |                                |   |     |      |  |              |  |  |  |



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|---|--------------------------------|--|--|-----------|-------------|--|-------------|--------------|--|
| DATE OF SERVICE   |                                |  |  | DATE REQU | ESTED       |  |             |              |  |
| DESCRIPTION   |                                |  |  | QTY       | -           | JNIT   | UNIT COST   | TOTAL AMOUNT |  |
|   |                                |  |  |           |             |  |             |              |  |
|   |                                |  |  |           |             |  |             |              |  |
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|   |                                |  |  |           |             |  |             |              |  |
|   |                                |  |  |           |             |  | GRAND TOTAL |              |  |
| PREPARED BY   |                                | ENDORSED BY  |  |           | APPROVED BY |  |             |              |  |
| Employee's Signature over Printer  DATE SIGNED:  BMI-FORM-ADM-008 | gnature<br><sup>ad Name)</sup> | Immediate Superior (Signature over Printed Name) DATE SIGNED: DATE SIGNED: |  |           |             | KATHLEEN REYES, MHM, DBA<br>Chief Operating Officer<br>E SIGNED: |             |              |  |