**PUF101: PURCHASE REQUISITION**

This **Purchase Requisition** should be read and completed in accordance with the Delegation of Authority Matrix of National Ambulance, the Procurement and Tendering Committee Terms of Reference **(Policy PUP101)**, the Procurement Policy **(PUP103)** and any other Policies and Procedures that apply to the procurement and governance processes of the company. It is subject to the **Declaration Related to Conflicts of Interest** noted below.

The Purchase Requisition is the internal document necessary to begin the procurement process where the item is not part of NA’s approved catalogue of Medical / Goods / Services held in Operative IQ. **This document should be completed before submitting the Request for Quotation to suppliers**. Please note that the KIZAD warehouse is the preferred choice for delivery and confirmation of receipt unless it is agreed between NA and the supplier that another location is preferable. A minimum of three (3) suppliers should be contacted in order to provide quotations for the supply of the requested item, unless the supplier is a ‘sole supplier’ and there are no other options available in the market.

**THIS DOCUMENT MUST BE FILLED BY THE REQUESTOR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Suggested Supplier 1** | **Suggested Supplier 2** | **Suggested Supplier 3** | **Suggested Supplier 4** |
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| --- | --- | --- | --- | --- | --- | --- |
| **Item #** | **Description: provide as much details as possible (Brand, Part Number, Color, etc** | **QTY** | **UOM**  **(Unit of Measure)** | **Estimated Unit Price (AED)** | **Estimated Total (AED)** | **Background: provide information on the service or product required (what it is, where it is used, why it is needed, if urgent or not, etc.)** |
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**Note:** The Requestor must attach supporting documentation on the rationale for purchase, acknowledging that further information may be required

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| --- | --- | --- | --- |
| **Budgeted** | **Budget value** | **Cost Center** | **Department** |
| **YES / NO** |  |  |  |

**DECLARATION RELATED TO CONFLICTS OF INTEREST:** I, as a member of the National Ambulance Procurement Team, hereby confirm that I have no personal interest, financial or otherwise, related to the above-mentioned recommendation and / or with any of the other individuals and / or companies considered as part of this recommendation. In addition, I confirm that I have not received any incentive, financial or otherwise, and will not receive in future any incentive, financial or otherwise, related to this recommendation.

Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approvals to Commence the Procurement Process** (subject to the same Declaration related to Conflicts of Interest as stated above) :

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| --- | --- |
| **Chief Administrative and Medical Officer (‘CAMO’) (to confirm that the purchase is required by NA and authorization to start the procurement process)** | **Chief Financial Officer (‘CFO’) (to confirm that the purchase is within budget and that the purchase seems reasonable)** |
| Signature: | Signature: |
| Date: | Date: |