**PUF101: PURCHASE REQUISITION**

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 OIQ. Please note\* Kizad warehouse is the preferred choice for delivery and confirmation of receipt unless its agreed for another location as per requirements of business Three Supplier one requisition **THIS DOCUMENT MUST BE FILLED BY THE REQUESTOR**

**Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost Centre/Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note:** The Requestor must attach supporting documentation on the rationale for purchase, acknowledging that further information may be required.

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| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Item #** | **Description: give as much details as possible (Brand, Part Number, Colour, etc…)** | **QTY** | **UOM**  **(Unit of Measure)** | **Estimated Unit Price (AED)** | **Estimated Total (AED)** | **Background: give some information on the service or product required (What it is, where it is used, why it is needed, if urgent or not.)** |
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Requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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