IBERIA COMPREHENSIVE COMMUNITY HEALTH CENTER, INC.

PURCHASE REQUISITION

Vender Name: _____ Date: _____

Address: _____ Dept #: _____

_____ P.O. #: _____

Grant: _____

☐ICCHC ☐ACHC ☐SMPCHC ☐MCHC ☐ SSCHCES ☐SSCHC ☐SCHC ☐VPCHC ☐VISION ☐DCHC

Expense Category:		G/L ACCT.:	
Quantity	Description	Unit Cost	Total
Equipment Purchases			

☑ New

☐ Existing (Please note reason for replacing and disposition of old equipment below.)

Requester Date

Supervisor Date

Chief Financial Officer Date

Chief Executive Officer Date

Ordered By Date

Chief Operations Officer Date

Note: *Please complete your purchase requisition along with the cost of each item extended and totaled. Purchase requisitions must be approved before a Purchase Order Number is issued.*

Revised 08/25 (PO)