

DATE RECEIVED

Special Purchase Requisition

- ☐ Saranac Lake
- ☐ Lake Placid
- ☐ TLHC
- ☐ Keene
- ☐ TL/Mercy
- ☐ TL Rehab
- ☐ Wound Care

DATE		DEPARTMENT				DEPARTMENT NO.	
METHOD OF SHIPMENT ☐ STANDARD ☐ 2ND DAY ☐ OVERNIGHT ☐ OTHER					DEPARTMENT MANAGER		
COMPANY						VENDOR NO.	
EXPENSE NO							
400 MEDICAL		580 MINOR		760 SERVICE CONTACT		500 NON MEDICAL	
720 REPAIRS		960 LEASE/RENTALS		840 DUES SUBSCRIPTIONS		890 OTHER	

[illegible]**MATERIALS MANAGEMENT ONLY**

DATE ORDERED	P.O. NO.	ITEM AVAIL.	BACK ORD. DUE BY
ORDER TAKEN BY	COMPANY		REFERENCE NO.