

UNIVERSITY OF MARYLAND
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS

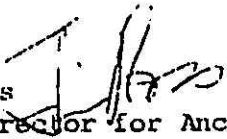
R ADAMS COWLEY, M.D., DIRECTOR

Shock Trauma Center
CNS Center
Traumatology
Critical Care
Critical Care Nursing
Hyperbaric Medicine
Medical Engineering
Research & Development
Operations Research/
Systems Analysis
EMS Systems
Education
Training
Communications
Transportation
Administration
Evaluation

December 11, 1981

MEMORANDUM

TO: MIEMSS STAFF

FROM: James E. Ross 
Associate Director for Ancillary
and General Services

Attached please find the new MIEMSS PURCHASE REQUISITION form. Beginning January 4, 1982 it will be the only acceptable means of requesting supplies and materials through MIEMSS. We will no longer honor verbal requests, speedletters, or scrap paper as documentation to place orders.

The form is to be used as follows:

1. The Product Information section (vendor, catalog number, manufacturer, etc.) must be completely filled out. If, for example, there is some uncertainty as to the address of a vendor or price of an item, or if the information is unavailable, one of the Account Clerks in Sandy Allen's office will assist you in obtaining that information. However, the information should be retained on your files for future orders.
2. The Department section of the form must bear, on the "Approved By" line, the signature of the person responsible for the area ordering supplies. Additionally, the order status must be checked off. (i.e. emergency, stock replacement, etc.)
3. Initially, the pink copy is to be retained by the individual placing the order. The white and yellow copies are to be submitted to the Clinical Administration Office. After the requisition has been processed, the yellow copy will be returned to the requestor by Sandy Allen's office. Please keep the yellow copy for follow up purposes, verification that your order has been processed, and future reference when placing like orders.

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This new form has been designed to streamline the requisitioning process. With the cooperation of the staff, we are sure that we can accomplish this goal. If there are any questions regarding this form or how to complete it, please contact Sandy Allen, x7406.

JER/SAA/yma,

Attachment



MIEMSS PURCHASE REQUISITION

DATE: _____ DEPARTMENT: _____ DATE TYPED: _____
 VENDOR/ADDRESS: _____ REQUISITION # _____
 (1) _____ ACCOUNT _____
 (2) _____ P.O. # _____
 (3) _____
 TELEPHONE: _____ STOCK REPLACEMENT _____ SPECIAL ORDER _____
 EMERGENCY _____

QTY	UNIT	CATALOG NUMBER	MANUFACTURER	ITEM DESCRIPTION	COST/UNIT	TOTAL COST	QUAN REC'D	DATE REC'D

COMMENTS _____

ADMINISTRATION COPY