**This form is used to request a Purchase Order from the Stanford Health Care – Purchasing department to pay a Vendor when a contract is not required. All applicable checkboxes and highlighted sections are required.** **Please submit the completed form and any applicable documents to Purchasing by clicking** [this link](https://app.smartsheet.com/b/form?EQBCT=c4ffe7458f89452dbc78e055c209fae0)**.**

**Purchase Requisition Form**

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| **I confirm a contract is not required for this Purchase Order request for the following reasons\*:** |
|  | The Vendor did not present a legal or contractual document to sign. |
|  | The Vendor did not include terms and conditions on a quote, proposal, estimate, or invoice for the purchase of services. |
|  | The Vendor will not provide services on the Stanford entity’s premises. |
|  | The Vendor will not be paid more than One Hundred Fifty Thousand Dollars ($150,000.00). |
|  | The Vendor is not considered a referral source. [(Hover here for an explanation)](#PSCExplanation" \o "A physician, physician group, hospital, ambulance service, managed care organization, nursing facility, laboratory, medical service provider or organization that refers patients to anentity, or to which an entity refers patients.) |
|  | The Vendor will not have access to Protected Health Information, internal data, or the Digital Solutions/Information Services networks. |
|  | The Vendor is not an Independent Contractor that is providing services to the Stanford entity. |
| All of the boxes above must be true and checked. If any of the boxes above are not true and not checked, contact Contract Administration at ContractAdministration@stanfordhealthcare.org to request a contract with the Vendor.  |

|  |  |
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| **Is this for the purchase of capital assets?  Yes  No** If “Yes” is selected, please enter the Capital Expense Number in the box to the right. Also, a Capital Justification Form must accompany this form. | **Capital Expense Number:** |
| [Enter the Capital Expense Number or enter, “N/A.”] |
| **Applicable Entity(ies):** | **Stanford Health Care****Lucile Salter Packard Children’s Hospital at Stanford** *(“Stanford Medicine Children’s Health”)***Stanford Health Care Tr-Valley****Stanford University Medical Network Risk Authority, LLC** *(“The Risk Authority”)* | **University HealthCare Alliance** *(“Stanford Medicine Partners”)***Packard Children’s Health Alliance****Stanford Blood Center, LLC****CareCounsel, LLC** |
| **Department Name:** | [Enter the Department Name.] | **Today’s Date:** | [Select today’s date.] |
| **Purchase Order Effective Date:** | [Select Purchase Order Effective Date.] | **Purchase Order Expiration Date:** | [Select Purchase Order Expiration Date.] |
| **Cost Center Number(s):** | [Enter the Cost Center Number(s). For multiple cost centers, list the amount allocated to each cost center.] | **Finance Category Code:** | [ ]  Capital Expense (CAPEX)[ ]  Operating Expense (OPEX)[ ]  Inventory Expense (INV) |
| **Finance Activity Code:** | [Enter a Finance Activity Code or “N/A” if not applicable.] | **General Ledger Number:** | [Enter One General Ledger Number.] |
| **Name of Person Requesting Purchase Order:** | [Enter First Name and Last Name.] | **Phone Number of Person Requesting Purchase Order:** | [Enter the Requestor’s Phone Number.] |
| **Address Where Goods or Services are Delivered or Performed:** | Select the Site where the Goods, Services, or Goods & Services are to be Delivered or Performed |
| **Vendor’s Legal Name:** | [Enter the Vendor’s Name.] |
| **Vendor’s Mailing Address:** | [Enter the Vendor’s Address.] |
| **Vendor’s Email Address:** | [Enter the Vendor’s Email Address.] | **Vendor’s Phone Number:** | [Enter the Vendor’s Phone Number.] |
| **Special Notes for Purchasing:** | [Click here to enter. If no special notes are needed, enter “N/A.”] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Catalog Number and/or Description** | **Quantity** | **Unit of Measure** | **Estimated Unit Price** | **Unit Price** | **Extended Price** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **I have the correct signature authority level over this Cost Center related to the “Grand Total” listed on this Purchase Requisition Form and approve this request:** |  | **Sub-Total:** |       |
| **Cost Center Signatory:** |  |  |  | **Sales Tax Total:** |       |
| **Printed Name:** | [Enter Printed Name of Cost Center Signatory] |  |  |
| **Title:** | [Enter Title of Cost Center Signatory] |  |  | **Grand Total:** |       |
| **Date:** |  |  |  |  |  |

\*A contract is not required if a purchase involves only advertising insertion orders providing for the placement of advertisements in print, online, or broadcast media.