

**McLaren Print System Order**

**Order No: 6266**  
**Order Date: 2014-10-05**  
**User: McLaren BC**  
**Phone: floor**

**Ship Location:**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 1122**  
**Dept Name: Already printed**  
**Company Number: 810**

**Order Total Price: 18.85**

**Form Number: 800002**  
**Form Description: Purchase Order**  
**Revision Date: 6/2012**  
**Print: 1 sided black and white**  
**Paper: 3 Part (White, Yellow, Pink)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: 5 Hole Top 3 Hole Side**

**McLaren**  
**HEALTH CARE**  
**PURCHASE REQUEST**  
THIS IS NOT AN ORDER

PURCHASE       CREDIT  
 STANDING ORDER       EXCHANGE  
 SERVICE CONTRACT       REPAIR  
 CAPITAL EQUIPMENT       OTHER  
 ADD TO STOCK  
 TRAIL  
 RETURN

**Subsidiary**  
 McLaren FHE 80  
 McLaren Health Plan 810  
 McLaren Greater Lansing 500  
 McLaren Medical Group 810  
 McLaren Lapeer Region 910  
 McLaren Intermediate Group 800

**Co. # Subsidiary**  
 McLaren Ezy Region 210  
 McLaren Macomb 240  
 McLaren Oakland 310  
 McLaren Health Care 10  
 Other

**PURCHASE ORDER NUMBER**

APPROVED NAME				DEPARTMENT #				DATE				APPROVED VENDOR			
ORDER EDUCATIONAL				ORDER INVOICE DATE				ORDER ADDRESS				ORDER NUMBER			
REQUESTED BY				PHONE NUMBER				FAX NUMBER				CITY			
STATE				ZIP				TITLE				TERMS			
APPROVAL APPROVAL				DATE				ACCOUNT #				REPRESENTATIVE			
CAPITAL EQUIPMENT CATEGORY #				DATE ORDERED				DELIVERY DATE				ORDER			
PHONE NUMBER															
QTY	UNIT	MFG OR CAT #	COST CENTER OR GL #	DESCRIPTION					UNIT PRICE	TOTAL					

Approvals: Administration \_\_\_\_\_ Date \_\_\_\_\_ PHNS \_\_\_\_\_ Date \_\_\_\_\_  
 Clinical Eng. Ser. \_\_\_\_\_ Date \_\_\_\_\_ Finance \_\_\_\_\_ Date \_\_\_\_\_  
80002 810      INTEGRAL PURCHASER      CHIEF REQUESTER