

	PURCHASE STANDING ORDER SERVICE CONTRACT CAPITAL EQUIPMENT ADD TO STOCK	CREDIT EXCHANGE REPAIR OTHER		McLaren Flint McLaren Health Plan McLaren Greater Lansing	Co. # 60 870 500 810	Subsidiary McLaren Bay Region McLaren Macomb McLaren Oakland McLaren Health Care	Co. # 210 260 310 10	210 260 310
_			_	McLaren Medical Group	810			
	TRIAL			McLaren Lapeer Region	110	☐ McLaren Port Huron	480	
	RETURN			McLaren Homecare Group	850	☐ Other		
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HE.	MCLARE ALTH CARE ASE REQUES NOT AN ORDER	ST [PURCHASE STANDING ORDEF SERVICE CONTRA CAPITAL EQUIPMI ADD TO STOCK TRIAL RETURN	R	CREDIT EXCHANGE REPAIR OTHER		sidiary IcLaren Flint IcLaren Health Plan IcLaren Greater Lansin IcLaren Medical Group IcLaren Lapeer Region IcLaren Homecare Grou	60 87 9 50 81	0 0 0	Ibsidiary McLaren Bay McLaren Mac McLaren Oal McLaren Hea McLaren Por Other	comb kland alth Ca	260 310 are 10		PURCHASE ORDER NUMBER
DEPARTMENT NAME			DEPARTMENT #		DATE		SUGGESTED VENDOR							
DELIVER TO LOCATIO	N			REQUIRED D	RED DELIVERY DATE VENDOR ADDRESS					PHONE NUMBER				
REQUESTED BY PHONE NUMBER F				FAX NUMBER			CITY	STATE ZIP			F.O.B. TERMS			
DEPARTMENTAL APPROVAL					DATE ACC		ACCOUNT #	DUNT # REF		REPRESENTATIVE		FAX NUMBER		R
CAPITAL EQUIPMENT	OR PROJECT #				l		DATE ORDERED		DELIVER	RY DATE	BUYER		PHC	NE NUMBER
QTY U/M	MFG. OR CAT.	# C(OST CENTER or GL	#			DESCRIPTIO	N				UNIT	PRICE	TOTAL
Approvals:							PHNS					Dat	e	

Approvals:		PHNS	
Administration	_Date	Finance	_Date
Clinical Eng. Ser	_Date	Purchasing	_Date
800002 (10/14)	WHITE/PINK - PURCHASING	CANARY - BEQUISTIONER	