



CAPITAL EQUIPMENT REQUISITION

(For use in ordering equipment with a value of \$2500.00 or more)

CER # _____

___ Huntsville Hospital ___ Women's & Children's ___ Madison Hospital

Table with 7 columns: Date, Department, Account #, Project #, P.O. #, Vendor, Vendor Phone #

Table with 7 columns: MFG Item #, Description, Qty, UOM (ea, doz, etc.), Unit Price, Total. Includes rows for Clinical Training and Transportation.

OTHER COSTS: (to be completed by Plant Operations and Biomed)

Table for other costs including Site Preparation, Installation, Service Contract, Service Training, Special Test Equipment, A & E Fees, Contingency, SUBTOTAL OTHER COSTS, and TOTAL COST.

THIS FORM MUST BE COORDINATED IN THE NUMERICAL STEPS LISTED (1, 2, 3, etc.)

STEP 1: REQUESTING DEPARTMENT

- 1. Attach the Capital Negotiations Checklist with all supporting documentation.
2. Budget
a. Is the item on approved capital budget? Y N Approved budget amount?
b. Is the item to be substituted for a budgeted item? Y N Which item?
Y N Location where equipment will be utilized:

Signature: _____ Date: _____ Signature: _____ Date: _____
Department Head Vice President

STEP 2: FORWARD TO PURCHASING

STEP 3: CAPITAL EQUIPMENT TEAM REVIEW

Signature: _____ Date: _____
Purchasing Capital Buyer
Signature: _____ Date: _____
Medical Equipment Director
Signature: _____ Date: _____
Plant Ops Director
Signature: _____ Date: _____
Chief Information Officer/IT Director

STEP 4: FORWARD TO FOUNDATION (IF FOUNDATION FUNDS TO BE USED)

Signature: _____ Date: _____
President of Huntsville Hospital Foundation

STEP 5: ADMINISTRATIVE REVIEW (ANY PURCHASES IN THE NON-THRESHOLD LIST (UP TO \$200,000) ONLY NEED VP APPROVAL. THRESHOLD (\$200,000 TO \$1,500,000) NEED VP, COO/CFO. THRESHOLD OVER \$1,500,000 NEED ALL ABOVE + BOARD)

Signature: _____ Date: _____ Signature: _____ Date: _____
Chief Financial Officer Chief Operating Officer