

NYSPHC Purchase Request Form

Host Organizations are expected to provide Fellows with all standard supplies and/or equipment necessary for the Fellow to conduct approved job duties, such as a workspace/desk, PC/laptop, phone service, office supplies, etc. If your host organization is requesting to have NYSPHC purchase an item for your Fellow(s), please document your request and justification below. NYSPHC reserves the right to request that supplies and/or equipment purchased be returned to the NYSPHC program after Fellows complete their Fellowship term.

Instructions: Purchase requests must be submitted by Supervisors. Please attach this completed form to an email to NYSPHCrequest@health.ny.gov and CC your Fellowship Placement Coordinator with the subject line "Purchase Request". If you are requesting multiple different purchases, please use a separate form for each request. If the form is incomplete or more information is needed, NYSPHC staff will reach out to the sender to request missing information. Purchase requests take approximately four to six weeks for approval and processing, and additional time should be expected for any shipping needs. NYSPHC will notify you of approval status within four weeks of receiving this request.

NYSPHC Purchase Request Form	
Description of Requested Item:	
Quantity:	
Host Organization Name:	
Fellow Name(s)/Title(s):	
Fellow Work Address: <i>(address where item will be shipped)</i>	
Requester Name/Title:	
Justification for Requested Item: <i>(describe the need this item will fulfill, what the item will be used for, and how the item will support approved Fellow duties):</i>	
Justification for Purchase: <i>(describe why the host organization is unable to purchase this item)</i>	
Purchase Quote (to be filled out by NYSPHC staff only)	

*Host Organization
Supervisor Signature*

Date

NYSPHC Approval

Date