**5th District Medical Response Coalition Planning Board**

**PURCHASE REQUEST FORM**

\*\*This form does not ensure purchase of requested training/equipment. **ALL** purchases will be determined by 5DMRC Planning Board\*\*

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| **Request Details** | |
| **Regional Project/Investment:** | |
| **Submitted By:** | **Jurisdiction:** |
| **Date:** / / | **Grant Year:** |
| **Regional Work Plan Goal(s):** | |
| **Vendor:** | |
| **Estimated Cost (attach quote):** | |
| **Describe Request:** | |
| **Describe Regional Benefit:** | |
| **If hosting a training, is it open to regional attendance? Yes No** | |
| **Maximum number of attendees:** | |
| **Implementation Plan:** | |
| **Implementation Timeline:** | |
| **Estimated Delivery/ Training Date:** | |
| **Advisory Board Review (If Applicable)** | |
| 1. Advisory Board Review Date: | |
| Approved / Denied / Request More Information | |
| Justification: | |
| **Regional Planning Board Review** | |
| 1. Regional Planning Board Review Date: | |
| Approved / Denied / Request More Information | |
| Justification: | |

**Once completed this form should be emailed to Christina Benson or Taylor Connell at:**

[Christina.Benson@wmed.edu](mailto:Christina.Benson@wmed.edu)

Taylor.connell@wmed.edu