**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

Taylor.connell@wmed.edu