

NHICS FORM 256 | PROCUREMENT SUMMARY REPORT

1. FACILITY NAME:								
2. PURCHASES								
#	P.O./REFERENCE #	DATE/TIME	ITEM/SERVICE	VENDOR	\$ AMOUNT	REQUESTOR NAME/DEPT.	APPROVED BY (PLEASE PRINT)	RECEIVED DATE/TIME
1								
	COMMENTS:							
2								
	COMMENTS:							
3								
	COMMENTS:							
4								
	COMMENTS:							
5								
	COMMENTS:							
6								
	COMMENTS:							
7								
	COMMENTS:							
8								
	COMMENTS:							
9								
	COMMENTS:							
10								
	COMMENTS:							
3. CERTIFYING OFFICER:					4. DATE/TIME SUBMITTED:			