

**PURCHASE REQUEST FORM**

**For SingHealth Duke-NUS Academic Clinical Programmes**

*This form is only applicable for procurement through Duke-NUS tapping on the Academic Clinical Programme (ACP)'s Academic Advancement WBS. All procurement of items should support* ***research, education or Academic Medicine initiatives*** *in the ACP.*

*This form is to be completed and submitted to JOAM Academic Liaison & Strategic Relations Team.*

***Important Notes:***

* *This form may take you less than 5 minutes to complete.*
* *Please allow us to get back to you within 3 working days upon your request.*
* *All fields marked with \* are mandatory.*
* *Please submit the completed form to Terence Tee at* [*terence.tee@duke-nus.edu.sg*](mailto:terence.tee@duke-nus.edu.sg) *and Qian Rou at* [*gmsv1683@nus.edu.sg*](mailto:gmsv1683@nus.edu.sg)*.*

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| **ACP\*:** | Choose an item. | | **Date of request:** | Click or tap to enter a date. | | |
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| **Requestor Information** | | | | | | |
| **Name\*** | |  | **Contact Number\***  (Office and/ or Mobile) | |  | |
|  | |  |  | |  | |
| **Contact Person Information (For delivery purposes)** | | | | | | |
| **Name\*** | |  | **Contact Number\***  (Office and/ or Mobile) | |  | |
| **Delivery Address\*** | |  | | | | |
| **Delivery Date\*** | | Click or tap to enter a date. | | | | |
|  | |  | | | | |
| **Item(s) Description\*** | | | | | | **Quantity\*** |
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| **Any Special Packaging:** | | | | | | |
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| **Purpose of the purchase\***  *Note:* *Please include details of ACP events/meeting and date if possible such as how the procurement supports Academic Medicine.* |
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