

**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, innovation and/or Academic Medicine initiatives******in the ACP.***

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

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| **Instructions for Requestor:** |
| * This form may take you approximately 10 minutes to complete.
* For meeting venue, vouchers and catering request, it is required to provide event poster or EDM as supporting document.
* For Duke-NUS Laptop request, please provide justification which fulfils the following criteria.
	+ ACPs/PIs must provide information of Academic Medicine initiatives and collaborations at Duke-NUS requiring Duke-NUS access/laptop.
	+ Collaborators in ACPs must have Duke-NUS appointments OR NUS account access.
* All fields marked with \* are mandatory.
* Please submit the completed form to Terence Tee at terence.tee@duke-nus.edu.sg.
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| **Important Notes:** |
| * Please allow us to get back to you within **3 working days upon your request.**
* **A qr code with black squares  Description automatically generated**The typical procurement processing timeline is **10 working days.** The final production/delivery timeline will be dependent on vendor’s confirmation.
* Please plan and send in your request early to avoid insufficient procurement lead time.
* Please note the following for catering request:
* Caterers’ menus listed from WOG DA or NUS Contracts, will be provided upon request.
* To keep max $17/pax.
* For request for catering **5 weeks in advance** before date of event.
* **Refer to the updated list of regular vendors that have registered at Smartbuy (NUS’s electronic procurement system), by clicking** [**here**](https://www.singhealthdukenus.com.sg/amcompass-resources/pages/one-stop-procurement-purchase-request-form.aspx) **or scan QR code on the right.**
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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\*** |  |
| **Need-by date\*** | Click or tap to enter a date. |
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| **Vendor** |
| **Preferred Vendor(s) \*** |  |
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| **Item(s) Description\* (For catering, skip this section & proceed to the catering section below)** | **Quantity\*** |
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| **Any Special Packaging:** |
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| **Purpose of Purchase***Note:* *Please include details of ACP events/meeting and date if possible, such as how the procurement supports Academic Medicine. (For AM/ ACP events, kindly provide event poster or EDM)* |
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| **For Catering Request** |

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| **Delivery Details** |
| **Full Delivery Address/ Exact Location\*** |  |
| **Any Loading/Unloading Bay/Carpark?** |  |
| **Height Limit for Loading/Unloading Bay/Carpark** |  |
| **Any Direct Lift Access to Venue? \*** |  |
| **Any Stairs needed to Venue? \*** |  |

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| **ACP Event Details** |
| **Actual Date/ Time of the event\*** |  |
| **Food Ready Time (+/- 30 mins difference)\*** |  |
| **Collection Time after Event** (not applicable for drop-off catering)**\*** |  |
| **Contact Person\*** |  |
| **Contact Person’s number\*** |  |
| **Contact Person’s email\*** |  |

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| **Menu Requirements**  |
| **Select a Caterer\*** |  |
| **Type of catering\*** | [ ] Buffet [ ] Bento |
| **Menu Name\*** |  |
| **Dishes selection\*** |  |
| **No. of Est. Pax\*** |  |
| **Remarks/Special Request** |  |