



Mini Medical School (MMS) Purchase Request Form

Name (Last, First) _____ SID _____

UCR Affiliated Email Address _____ Phone Number: _____

Date Request Submitted ____/____/____ Date Item is Needed by ____/____/____

Project Group Name _____

Name of Project Leader _____ Director of Training _____

Policies:

- Submit this form ASAP (at least a few months before you need something) as fulfilling these requests take several months
- MMS does not provide reimbursements, all purchases will be made through UCR School of Medicine (this means if you purchase something for MMS you will NOT be reimbursed)
- If you are requesting multiple items, please list their names separated by semicolons and state a total estimated cost
- If you are requesting printing, please list the cost of printing SEPARATELY from any other items you are requesting (if applicable)
- If the board is able to find the item at a significantly lower cost, we will allocate funding based on the lower cost.
- Contact us at minimedicalschool.ucr@gmail.com with any questions or concerns.

Please use this example to prepare and attach a typed proposal of the needed purchases with this form. With limited funding, these requests will be reviewed and may be approved by the board. Please do not make purchases without prior approval. If you have an urgent request, please contact us at minimedicalschool.ucr@gmail.com

1. Item Requested _____

Price _____ Possible Vendors _____

Link(s) to product(s): _____ please include the link(s) in your email along with this file _____

Purpose/ Intent of Use (1000 character limit per item):

Can this item be shared with other groups? Check a box. YES ☐ NO ☐

EXECUTIVE TEAM USE ONLY:

Date Request Reviewed: ____/____/____ Total Requested Funding _____

Signature of Director of Finances/ Financial Representative: _____

Notes/ Comments:
