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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________