

## **Procurement Intake Form**

To be used when UH department seeks to purchase any goods or services in excess of \$40,000

Department Information		Supplier Information	
Requesting Department:		Supplier Name (if known):	
Department Info:		Supplier No. (if existing in MarketPlace):	
Contact Name:	Title:	н-	
Phone:	Email:	Contract Start Date:	Contract Expiration Date:
Department Index No.:		Total Amount Requested (if known):	
This procurement is expected to include the purchase of one or more of the following: (check all that apply)			
Consumable Goods		Professional Services	
Capital Equipment (funding approval attached?)		Software Licensing	
Installation / Implementation / Integration Services		Warranty / Service Plan / Maintenance	
Other (e.g. furniture, hardware, general services etc.)		Financing	
Medical Devices		Computer Hardware/Software	
If the service or product was previously procured, please provide pri			
Provide a brief summary of the nature and purpose of the goods or services to be purchased. Attach quote(s) and/or proposed contract, if available. Use extra sheets, if necessary.			
FOR PROCUREMENT SERVICES USE ONLY			

