

# UW Medicine

## SINGLE TRANSACTION PRE-APPROVAL FORM

Form Prepared By : \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Purchase Requested By: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PURPOSE:** This form is to be used only for purchases of food (non-cafeteria), restricted/discretionary purchases, and ProCard transactions which require additional review and approvals. These types of transactions (that meet the established criteria as listed on this document) are **not** submitted to Supply Chain/Materials Management via the HEMM system.

**Check all that apply:**       Food/Beverage       ProCard       Restricted/Discretionary

**Business Purpose:** \_\_\_\_\_

**Budget Number(s):** \_\_\_\_\_      **Budget Name(s):** \_\_\_\_\_

Budget has sufficient capacity     Expenditure meets purpose of budget     Move from \_\_\_ - \_\_\_\_\_ to Restr/Discr

### SECTION 1 – FOOD / BEVERAGE PURCHASE

Event Date	Event Title			
<table border="1"> <tr> <td>month</td> <td>day</td> <td>year</td> </tr> </table>	month	day	year	
month	day	year		

**Purpose of Event**

- Meeting (Official UW business will be conducted; meals/light refreshments are integral to the event)
- Training (Official UW business will be conducted; meals/light refreshments are integral to the event)
- Recognition (Light refreshments are integral to recognition of UW employees/students)

**Total Number of Invitees\*:** \_\_\_\_\_

**\*A list of attendees or invitees is attached:**     Yes

**Checklist**

- Meals will be served \*\*
  - Breakfast
  - Lunch
  - Dinner

\*\* The cost per meal may not exceed the applicable per diem, including tax and gratuity, for the location in which the meal is served.

**Event will be recurring** \*\*\* \*\*Approved form may be copied for future recurring events within the fiscal year.

### SECTION 2 – RESTRICTED / DISCRETIONARY PURCHASE (for University of Washington & Harborview Medical Centers only)

Purchases using Discretionary / Restricted Funding require approval from the Restricted Analyst.

**Signature** \_\_\_\_\_      **Date** \_\_\_\_\_  
 HMC Restricted Analyst / UWMC Accounting Director

### SECTION 3 – ITEMS REQUIRING PRIOR APPROVAL FOR PROCARD PURCHASE ONLY

Quantity	Units	Item/Catalog#	Item Description	Estimated Price
<b>TOTAL</b>				

**Comments / Remarks:** \_\_\_\_\_

**Suggested Vendor Name, Address, Website, Phone:** \_\_\_\_\_

Director Approval (printed name)	Approval (signature)	Date
Administrator Approval (printed name)	Approval (signature)	Date