

# 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**

(mo/day/year) \_\_\_\_\_

**Event Title**

**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 (**64 & 65 budgets**) require approval from the Restricted Analyst.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
HMC Restricted Analyst / UWMC Accounting Director, Lynn Barnhart (lynnb3@uw.edu)

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

| Quantity | Units | Item/Catalog# | Item Description | Estimated Price |
|----------|-------|---------------|------------------|-----------------|
|          |       |               |                  |                 |
|          |       |               |                  |                 |

**TOTAL**

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

**Suggested Vendor Name, Address, Website, Phone: (attach info)** \_\_\_\_\_

\_\_\_\_\_  
Director Approval (printed name)

\_\_\_\_\_  
Approval (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Approval (printed name)

\_\_\_\_\_  
Approval (signature)

\_\_\_\_\_  
Date