



HICS FORM 256 - PROCUREMENT SUMMARY REPORT

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
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3. Purchases								
	P.O. / REFERENCE NUMBER	DATE / TIME	ITEM / SERVICE	VENDOR	DOLLAR AMOUNT	REQUESTOR NAME / DEPT (PLEASE PRINT)	APPROVED BY (PLEASE PRINT)	RECEIVED DATE / TIME
1								
	COMMENTS							
2								
	COMMENTS							
3								
	COMMENTS							
4								
	COMMENTS							
5								
	COMMENTS							
6								
	COMMENTS							
7								
	COMMENTS							
8								
	COMMENTS							
9								
	COMMENTS							

4. Prepared by	PRINT NAME: _____	SIGNATURE: _____
	DATE/TIME: _____	FACILITY: _____



Purpose: Summarizes and tracks procurements
Origination: Hospital Incident Management Team (HIMT) personnel as directed by the Procurement Unit Leader
Copies to: Finance/Administration Section Chief and Documentation Unit Leader