

HICS FORM 256 - PROCUREMENT SUMMARY REPORT

1. Incident Name St. Elsewhere Loss of Water					2. Operational Period (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200									
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	ABC123	19-DEC-2019 1245	12 PORTABLE HANDWASHING STATIONS	SUNSHINE STATE RENTALS	\$1575	CANDY KANE/SUPPLY UNIT	MARTHA STEWART	19-DEC-2019 1510						
	COMMENTS TAX AND DELIVERY COST INCLUDED. WILL DECREASE DAILY COST IF RENTAL TIME EXTENDED.													
2	DEF456													
	COMMENTS													
3														
	COMMENTS													
4														
	COMMENTS													
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	COMMENTS													
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9														
	COMMENTS													
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">4. Prepared by</td> <td style="width: 40%;">PRINT NAME: Albert Einstein</td> <td style="width: 45%;">SIGNATURE: <i>Albert Einstein</i></td> </tr> <tr> <td></td> <td>DATE/TIME: 19-DEC-2019 1000</td> <td>FACILITY: St. Elsewhere Hospital</td> </tr> </table>									4. Prepared by	PRINT NAME: Albert Einstein	SIGNATURE: <i>Albert Einstein</i>		DATE/TIME: 19-DEC-2019 1000	FACILITY: St. Elsewhere Hospital
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PURPOSE: The HICS 256 - Procurement Summary Report summarizes and tracks procurements. It may be completed by operational period or for the whole incident duration.

ORIGINATION: Completed by the Hospital Incident Management Team (HIMT) personnel as directed by the Procurement Unit Leader.

COPIES TO: Distributed to the Finance/Administration Section Chief and the Documentation Unit Leader.

NOTES: If additional pages are needed, use a blank HICS 256 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Purchases	
	P.O. / Reference number	Enter purchase order or other acquisition reference number used by the facility.
	Date / Time	Enter date (m/d/y) and time prepared (24-hour clock).
	Item / Service	Enter the item or the service purchased.
	Vendor	Enter the name of the vendor.
	Dollar Amount	Enter the dollar amount spent.
	Requestor Name / Department	Enter the requestor's name and department.
	Approved By	Enter whom the purchase was approved by.
	Received Date / Time	Enter date (m/d/y) and time (24-hour clock) the item or service was received.
4	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.