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P.03.001
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PURCHASE REQUEST FORM

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10000 Academy, CO 80840

Date: 12/20/11	Requestor: Triggle	Shop: PCHS	Work Order Number: 70281
Recommended Vendor: Woodland Park Race		Priority Level - Check One: <input checked="" type="checkbox"/> 24hrs (Emergency) <input type="checkbox"/> 48 hours (Urgent) <input type="checkbox"/> 48 + hrs (Routine)	
POC: Cindy Tel: 719.586.0008		Fax:	

Description / Part Number				Unit Cost		Total Cost	
Qty	Qty	UNIT/MT	Units	Description / Part Number		Description / Part Number	
1	2		EA	Engine Oil Filter Fram 2 7000		\$ 2.25	\$ 2.25
2	2		EA	Engine Air Filter Paper 20487		\$ 7.10	\$ 14.20
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Used Approval Signature: R. Hoffman	Supervisor Approval Signature:	Total:	\$	21.45
Date 12/20/11	Date:			
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What Is The Cms Cost Report Form For Hospitals

AN Whitehead



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Form CMS-2552-96 Hospital and Hospital Health Care Complex Cost Report ,2001 **Federal Register**
,2013-05 **Report to the Congress, Medicare Payment Policy** Medicare Payment Advisory Commission (U.S.),1998

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Technology Adoption and Management Decisions New chapter Strategic Planning and the Healthcare Financial Manager
 New case study Strategic Planning in Long Term Care that connects with the chapter on strategic planning New appendix
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