

REQUEST FOR PURCHASE BY LEAGUE OF FRIENDS UCKFIELD HOSPITAL

From:

Department:

Date:

Item Required:

Background information/why needed:

How frequently would it be used:

Examples of benefits (e.g. patient's experiences):

Price/quotation (including and excluding VAT):

Any maintenance requirements and costs:

Any other funding applied for (please give details):

Agreed with Head of Service:

Please return this form to Elaine Mitchell, Uckfield Hospital together with any additional information, pictures/videos to support your application.

For use by LOF

Bid No _____ Approved Yes / No

Signed _____ Dated _____

If this purchase net of VAT is to cost in excess of £5000 then a grant form will be required to be signed by a senior/approved member of the appropriate NHS Trust confirming that the equipment will only be used at the Uckfield Hospital and not removed to any other site. Also if the medical service using the equipment at Uckfield Hospital ceases within the next five years or an alternative time period agreed at the time of acquisition then part of the grant will be repayable to the League of Friends. Copies of the necessary grant forms can be supplied for inspection.