

Purchase Requisition Form

GO Care Support Services Pty Ltd 71 Drummond Street Dennington Vic 3280
Phone: 03 5500 1257 Email: admin@gocss.com.au ABN: 30532367308
NDIS Reg: 4050086905



*** Please use this form to request permission from your manager to purchase items that are not 'daily' expenses, such as a work computer, an item to use in respite, office equipment not including stationary, Cafe equipment etc.**

Do not use this form to request furniture for SIL houses.

Details of Person Requesting Item/s	
Name	
Date	
Department	
Contact Info	

Details of the Proposed Vendor (Please write N/A where detail is not applicable)	
Name	
Address	
Phone contact	
Email Address	
ABN	

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Details of Item/s Requested	
Name and description of item/s	
Number of item/s	
Price (per item)	
Total Expenditure	

Decision	
Approved or Declined (If declined, why? for example not enough information or research)	
Decision made by; Name, title, phone no and email address. Include Direct line manager and CEO if applicable.	
Signature: Direct Line manager (Team Leader) Purchases under \$100- \$500 must be approved by direct line manager	
Signature: CEO (Kaoru, if applicable) Purchases over \$500 must be approved by direct line manager but also need to be approved by CEO.	