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# PREPARING REQUEST FOR REGISTRATIONS AND EDUCATIONAL MATERIALS



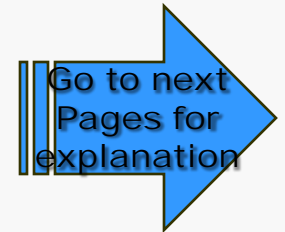
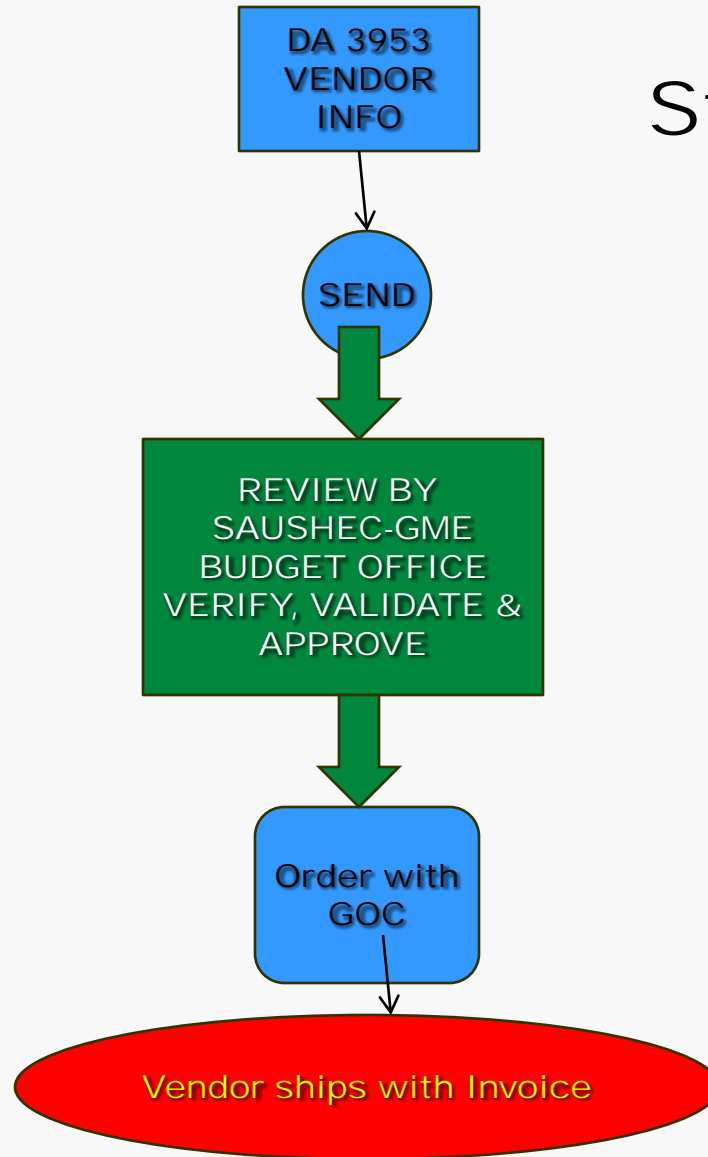


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# PROCESS

Steps 1 - 7





# Process-Steps (1-3)

1. **Completed requisition form (3953) with complete vendor info, signed by Program Director**
2. **Next, send your 3953 to SAUSHEC GME BUDGET OFFICE**
3. **Budget office will review:**
  - **Is this requested item in your budget**
  - **Verify it is a valid request (resident has not traveled, etc)**

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# Process Steps 4 - 7

4. **Once verified and approved, goes to the Government credit card holder (GPC)**
5. **If the item is an educational supply, once delivered, you will be asked to sign the invoice**
6. **GPC card holder takes the invoice to “marry” with request and close the loop**
7. **Your program will then be “debited” for the expenditure**

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**What follows is an actual  
3953**

**PURCHASE REQUEST AND COMMITMENT**

For use of this form, see AR 37-1; the proponent agency is OASA(FM)

1. PURCHASE INSTRUMENT NO.

2. REQUISITION NO.

3. DATE

PAGE 1 OF 1

current

PAGES

4. TO: SAUSHEC GME OFFICE

5. THRU: SAUSHEC-GME Budget Office SAMMC-North

6. FROM:  
Program Director  
Residency/Fellowship

It is requested that the supplies and services enumerated below or on attached list be

7. PURCHASED FOR Initiation Dues for Society Membership-what is it for?  
This is an Institutional Membership for the SCC Program

8. DELIVERED TO N/A

9. NOT LATER THAN  
(Date) N/A

The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item.)

10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION

11. TELEPHONE NUMBER

Residency Director

Pager: 210-

 12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY 13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

## FUND CERTIFICATION

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

## EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

19. ACCOUNTING CLASSIFICATION AND AMOUNT

14. ITEM	15. DESCRIPTION OF SUPPLY OR SERVICES	16. QUANTITY	17. UNIT	18. ESTIMATED	
				UNIT PRICE <i>a</i>	TOTAL COST <i>b</i>
1	Surgical Critical Care Program Director's Soc.		1	\$250.00	\$250.00
	Total				\$250.00
	Pay with credit card: Organization c/o David A. Spain, MD Department of Surgery, Stanford University 300 Pasteur Dr., H3680 City, State 210-999-1500				

Make sure  
Complete  
information

If online, list website

20. TYPED NAME AND TITLE OF CERTIFYING OFFICER

21. SIGNATURE

22. DATE

Click to Approve

23. DISCOUNT TERMS

24. PURCHASE ORDER NUMBER

26. DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES  NO 

IF YES, NUMBER OF DAYS REQUIRED

25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE

put any additional stuff here

Name of person attending conference

Put pay with credit card!

Place &amp; Conference dates

27. TYPED NAME AND GRADE OF INITIATING OFFICER

28. SIGNATURE

29. DATE

34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE

35. SIGNATURE

36. DATE

Program director

Click to Approve

30. TELEPHONE NUMBER

210-their phone number

date

31. TYPED NAME AND GRADE OF SUPPLY OFFICER

32. SIGNATURE

33. DATE

Click to Approve

Click to Approve



# Reminder!



- **Please ensure that you:**
  - **Have the program director sign**
  - **Make sure you have ALL the **VENDOR INFORMATION****
  - **Attach invoice, web pages and anything other documents**

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