HICS FORM 256 - PROCUREMENT SUMMARY REPORT

1. Incident Name

2. Operational Period (#)

DATE: FROM: _____ TO: _____

TIME: FROM: _____ TO: _____

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								
	COMMENTS							
2								
	COMMENTS							
3								
	COMMENTS							
4								
	COMMENTS							
5								
	COMMENTS							
6								
	COMMENTS							
7								
	COMMENTS							
8								
	COMMENTS							
9								
	COMMENTS							

4. Prepared by

PRINT NAME: _____ SIGNATURE: _____

DATE/TIME: _____ FACILITY: _____

Print Reset Send Save

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Summarizes and tracks procurements
Origination: Hospital Incident Management Team (HIMT) personnel as directed by the Procurement Unit Leader
Copies to: Finance/Administration Section Chief and Documentation Unit Leader

HICS FORM 256 - PROCUREMENT SUMMARY REPORT

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.