

Department of Health Requisition

From: Harnois Date: 6/7/06
 Shipped To: 195 Colchester Avenue
 Burlington VT 05401

Date Required: 7/15/06

Date: _____
 Requisition # _____
 Department ID #: _____
 Program Code # _____
 Fund Code # _____
 Approved by Director _____

Item	Quantity	Unit	Description: Give complete description	Catalog #	Object Code	Total
	1	Each	HP Deskjet 5940 Printer			\$85.00
	1	Each	1 USB cable 7 feet			\$13.00
	1	Each	Three Year Protection Plan *** this is a test printer to validate that it works on the NPAS DMT *** *** After successful Test a batch of 20 will be ordered ***			\$33.00
	1	Each	Set of replacment ink cartrages			\$56.00
<p>Vendor Name</p> <p>DEPT/PROGRAM CODES DataMaster 3420030840 39461 PERCENTAGE 100%</p> <p>DEPT/PROGRAM CODES Administration 3420030810 39434 PERCENTAGE 0%</p> <p>DEPT/PROGRAM CODES Administration 3420030810 39434 PERCENTAGE 0%</p> <p>DEPT/PROGRAM CODES Administration 3420030810 39434 PERCENTAGE 0%</p> <p>Approved by _____ Date: _____</p> <p>(If over \$1,000) Authorized by Laboratory Director _____</p> <p style="text-align: right;">Date: _____</p>						