|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**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. |