

## Purchase Request (Fixed Term)

**Purpose:** To purchase goods and services for a given period (fixed term)

**Instructions:**

Please quote order no on all correspondence including invoices and mail to PO Box 8219 Carrum Downs Vic 3201.

Purchase request form ID - 6717

| <b>Client and contact Details:</b>   |   |   |                            |
|--|---|---|----------------------------|
| Name:  | Matilda Kovacic   | AC Client ID:                                     | AC000587996                |
| Address  | 31 Rosemary Street<br>Chadstone, VIC. AU. 3148  |   |                            |
| <b>Contact details (if it is not the client)</b>   |   |   |                            |
| Contact person (if the contact person is client please refer to the Client details.                    |   | Another person                                    |                            |
| Contact name   | Stephen Kovacic   | Best contact no                                   | 0413 365 067               |
| Email address  |   | Delivery address if different to client's address |                            |
| <b>Provider/Supplier details</b>   |   |   |                            |
| Requested by   | Emily TANG  | Date Requested                                    | 16-07-2025 14:48:25 (AEST) |
| Name of Provider/Supplier  | Tania Rendle Massage Therapy  |   |                            |
| Brief description of request   | Massage Therapy - Fortnightly - 1 hour - Thursday - please confirm with son Stephen and Matilda. Stephen's mobile: 0413 365 067 |   |                            |
| Quote Number (if applicable)   |   | Estimated cost per session                        | 150.00                     |
| How many sessions  | 26  | Frequency   | Fortnightly                |
| Is expense exceeding \$1000 per session? If yes, need authorization                                    | No  |   |                            |
| Commencing date  | 03-07-2025  | Date ending                                       | 02-07-2026                 |
| <b>Please send the invoice to : <a href="mailto:accounts@micare.com.au">accounts@micare.com.au</a></b> |   |   |                            |

| <b>Authorized by: Any purchase in excess of \$1000 requires management authorization</b> |  |       |  |
|--|--|-------|--|
| Authorised Manager's name and signature  |  | Name: |  |
|  |  | Date: |  |

|   |   |             |             |
|---|---|-------------|-------------|
| Owner   | General Manager Aged and Migrant Services | Review Date | August 2027 |
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| UNCONTROLLED DOCUMENT IF IN HARD COPY (PRINTED) Version 2.0 |   |             |             |