

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 - 6760

| | | | |
|--|--|---|----------------------------|
| Client and contact Details: | | | |
| Name: | Irene Triantafyllopoulos Rose | AC Client ID: | AC000589384 |
| Address | 8 Hiscock Street Chadstone, VIC. AU. 3148 | | |
| Contact details (if it is not the client) | | | |
| Contact person (if the contact person is client please refer to the Client details. | | Client | |
| Contact name | | Best contact no | |
| Email address | | Delivery address if different to client's address | |
| Provider/Supplier details | | | |
| Requested by | Emily TANG | Date Requested | 22-07-2025 09:09:40 (AEST) |
| Name of Provider/Supplier | Tania Rendell Massage therapy | | |
| Brief description of request | Massage Therapy 1 hour monthly | | |
| Quote Number (if applicable) | | Estimated cost per session | 160.00 |
| How many sessions | 12 | Frequency | Monthly |
| Is expense exceeding \$1000 per session? If yes, need authorization | | No | |
| Commencing date | 22-07-2025 | Date ending | 21-07-2026 |
| Please send the invoice to : accounts@micare.com.au | | | |

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