



**PAR Request Form – LM-8**

Reference #P:

<b>Submit Form:</b>	<span style="background-color: yellow;">You must complete this Form On-Line. Hand written Forms will be rejected.</span> Email the entire package to: OLMforms@uchc.edu		
Requester's Name:		Title:	
Department:			
Phone Number:		FOPAL:	
Room Number:		Mail Code:	
Email Address:			

Request:     Add items to PAR Inventory.     Change PAR Quantity.     Delete items from PAR Inventory

Warehouse #	Description	A, B, C	U/M	PAR	Ship-To	Label (Y/N)

**Note:** Please use additional sheets as necessary. Please use the same format as above and attach to this original form.

<b>Special Instructions:</b>	
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<b>Signatures:</b>	Nursing or Clinical	<b>Date</b>	<b>Signatures:</b>	Logistics Management	<b>Date</b>
	_____	_____		_____	_____
	_____			_____	
	Typed Name - Mandatory			Typed Name - Mandatory	