UCONN HEALTH | OFFICE OF LOGISTICS MANAGEMENT (OLM)

PAR Request Form – LM-8

Reference #P:

Submit Form:	You must complete this Form On-Line. Hand written Forms will be rejected. Email the entire package to: OLMforms@uchc.edu		
Requester's Name:		Title:	
Department/FOPAL:			
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.

Special Instructions:

Signatures:	Nursing or Clinical	**Date**	**Signatures:**	Logistics Management	**Date**
1. Department Manager			2. Department Manager/Supervisor		
Typed Name - Mandatory			Typed Name - Mandatory		