**Purchase order for scheduled medicines**

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| **Unique order number:** |
| **Date:** |
| **Name of supplying Pharmacy:** |
| **Name of Facility:** |
| **Contact number of Facility:** |
| **Address of Facility:** |

*Please supply the following:*

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| **Medicine name** (active ingredient name) **/**  **Trade name** | **Form**  e.g. Amps, solution, etc. | **Strength** | **Quantity / Volume** |
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| **Signature of imprest officer: Name of imprest officer:** | | | |
| **Position title of imprest officer:** | | | |
| **Signature of authorised person\*** (if applicable)**:** | | | |
| **Name of authorised person** (if applicable)**:** | | | |
| **Position title of authorised person** (if applicable)**:** | | | |
| **Date:** | | | |

*\*An authorised person is required where the imprest officer is not the nurse manager for the facility, pharmacist in charge of a dispensary of the facility, a registered nurse in charge of the facility, or the medical practitioner in charge of clinical services at the facility.*

*Disclaimer: This generic template complies with all requirements of the Health (Drugs and Poisons) Regulation 1996. All highlighted areas must be filled out and sent to the supplier in a way that is reasonably likely to minimise fraud or tampering; and if sent electronically – must be transmitted securely or on a secure electronic ordering system.*

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| **Name of Supplying Pharmacy:** |
| **Address of Supplying Pharmacy:** |
| **Date Purchase Order Processed:** |
| **Invoice Number:** |
| **Pharmacy Employee Signature: Pharmacy Employee Name:** |

***For Pharmacy Use Only:***