Exhibit E
Sisters of Providence Health System
Consulting Service Request Form

Note: The person drafting or executing a consulting services agreement is responsible for ensuring that SPHS'Contract Development Guidelines are incorporated into the agreement.

FACILITY: _____

REQUESTED BY: _____ DATE: _____

DEPARTMENT: _____ DEPT. #: _____

ESTIMATED COST: _____ START DATE: _____ COMPLETION DATE: _____

DESCRIBE CONSULTING SERVICE: _____

REASON: _____

VENDOR NAME & ADDRESS: _____

☐ CORPORATION

☐ SOLE PROPRIETOR
(Consultant's W-9 Form **Must** be Attached to this form).

APPROVALS NEEDED:

Senior Vice President/Vice President/COO	Date	Chief Executive Officer (Greater than $100,000)	Date
Vice President, Materials Management	Date		

PO Number _____ Buyer _____ Date _____

Revised July 2006