



THE UNIVERSITY OF CONNECTICUT HEALTH CENTER
OFFICE OF MATERIALS MANAGEMENT

VALUE ANALYSIS

PRODUCT DEFERRED SIGN OFF SHEET

Requester: Department:

Phone: Department Director Name:

TYPE OF PRODUCT:

Medical disposable Non-Medical

Medical Equipment Non-Medical

Lab Disposable Office Supply

PRODUCT INFORMATION:

Description: Catalog Number:

Vendor: Manufacturer:

Please justify in detail why product is being deferred:

Requestor Signature: _____ Requestor Title:

Dept. Director Signature: _____ Date: _____

Value Analysis Committee Approve Deferral: Yes No

If No please explain:

Value Analysis Committee Chairperson: _____

Date: _____