

Purchase Request (Fixed Term)

Purpose: To purchase goods and services for a given period (fixed term)

Instructions:

Please quote order no on all correspondence including invoices and mail to PO Box 8219 Carrum Downs Vic 3201.

Purchase request form ID - 6756

Client and contact Details:			
Name:	Panagiota Kessarlis	AC Client ID:	AC000604983
Address	40 Rosemary Street Chadstone, VIC. AU. 3148		
Contact details (if it is not the client)			
Contact person (if the contact person is client please refer to the Client details.		Another person	
Contact name	Trina CRAYTHORN	Best contact no	0457 477 462
Email address	trina.craythorn@micare.com.au	Delivery address if different to client's address	
Provider/Supplier details			
Requested by	Trina CRAYTHORN	Date Requested	21-07-2025 17:03:58 (AEST)
Name of Provider/Supplier	Tanya Rendel Massage Therapy		
Brief description of request	Tanya Rendel Massage Therapist New service agreement vendor with take up of Annecto clients. Patties sees her for 1 hour fortnightly at \$160/hr rate.		
Quote Number (if applicable)		Estimated cost per session	160
How many sessions	ongoing	Frequency	Fortnightly
Is expense exceeding \$1000 per session? If yes, need authorization		No	
Commencing date	21-07-2025	Date ending	30-06-2026
Please send the invoice to : accounts@micare.com.au			

Authorized by: Any purchase in excess of \$1000 requires management authorization			
Authorised Manager's name and signature		Name:	

Owner	General Manager Aged and Migrant Services	Review Date	August 2027
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		Date:	
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