



Authority Form:

- For Purchase For Loan For Departmental
Printing/Photocopying

Hospital: _____

Ward/Department: _____

Cost Code: _____

Contact Name: _____

Contact No.: _____

Date: _____

Authority to purchase the following resource/s (eg. Books, CD-Rom's, DVD's) for:

- Library collection
 Department collection

Description:

Title	ISBN/Item No.	Quantity	Price

Authority to print / copy

- Black and White Quantity: _____ Cost: _____
 Colour Quantity: _____ Cost: _____
 _____ (name) has the authority to charge
printing/photocopying costs to the abovementioned department.

Authority to obtain item via Interlibrary Loan

Quantity: _____ Cost: _____

Authority to Loan

- Data Projector Laptop Digital Camera

Other: _____
Quantity: _____ Cost: _____

Authorised by:

Name: _____ Position: _____ Signature: _____