

CARE COORDINATOR PURCHASE AUTHORISATION FORM (OVER \$250)

Client Name:		
Region:	<input type="checkbox"/> Brisbane South <input type="checkbox"/> Logan River Valley <input type="checkbox"/> Ipswich/West Moreton	<input type="checkbox"/> Brisbane North <input type="checkbox"/> Toowoomba/Darling Downs <input type="checkbox"/> South Coast (Gold Coast)
Item Description:		
Company & Cost:		
Recommended By: (Name & Designation)		
Client Goal:		

FINANCIAL IMPLICATIONS

Rental vs Purchase Reviewed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Best Price Achieved	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Comments: (eg. if best price is not achieved, consumer preference etc)		

Contingency \$			
	Company	Cost	Invoice
Quote 1			
Quote 2			
Quote 3			
Rental Quote 1			
Rental Quote 2			
Has the consumer approved the purchase	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

APPROVAL

Care Coordinator Name:		Date Approved:	
Signature:			
Note: If item is over \$250 requires Case Manager approval			
Home Care Manager Name:		Date Approved:	
Signature:			
Form uploaded to Client's profile in iCare – Home Care Manager	<input type="checkbox"/> YES	<input type="checkbox"/> NO	