

UGA Vet Med Teaching Hospital Request for Product Addition/Change of Price

Please fill out the form below completely before submitting for a new product or price change for an existing product.

Check One:

- New Product**
- Existing Product**

If existing, what is the Product Line Number: _____
Sequence Number: _____

If new product, what is the requested Product Line Number: _____
Requested Sequence Number: _____
(if no Seq # entered it will be done automatically)

What is the short description of the product? _____

The long description? _____

What should show as a billing description? _____

What is the Level 1 price (discounted)? _____

What is the Level 2 Price (full price)? _____

Service Charge? _____

What is the Product Category? Inventory Non-inventory Service Equipment

FOR PHARMACY ONLY: What sliding scale should be used? Prescription Pharmacy2

Reason for change/addition: _____

Section Chief Approval: _____

Hospital Administrator Approval (REQUIRED): _____

Hospital Director Approval (REQUIRED): _____

INTERNAL USE ONLY

Date Submitted: _____

Date Completed: _____

CompSup Ticket #: _____