

**JOHNSON MEMORIAL HOSPITAL GUILD  
REQUEST FOR CONSIDERATION**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Requester Department

\_\_\_\_\_  
Contact Phone Number

Item requested – Make, Model (please include comprehensive description), Cost, Shipping, etc.

Amount of Request: \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Benefit/Purpose of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detailed description of benefit/purpose required for consideration. If more space is needed please attach additional pages.

(Please attach Quote and if available, fact sheet, to this Request.)

Thank you for the submission of your request. Your request will be reviewed by The Guild Board of Directors. Please allow up to 30 days for follow up. All requests are based upon funds available at time of request.