

Karuk Community Health Clinic
 64236 Second Avenue
 Post Office Box 316
 Happy Camp, CA 96039
 Phone: (530) 493-5257
 Fax: (530) 493-5270



Karuk Dental Clinic
 64236 Second Avenue
 Post Office Box 1016
 Happy Camp, CA 96039
 Phone: (530) 493-2201
 Fax: (530) 493-5364

Administrative Office
 Phone: (530) 493-1600 • Fax: (530) 493-5322
 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

Requestor: _____ **Date:** _____

Dept/Program: _____ **Funding Source:** _____

Check One:

<input type="checkbox"/> Small Purchase (less than \$3,000)	<input type="checkbox"/> Large Purchase (more than \$3,000)**
<input type="checkbox"/> Construction Contract	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Independent Contractor Under \$3,000	
<input type="checkbox"/> Independent Contractor Over \$3,000**	

****Tribal Council approval is required for: all purchases exceeding \$3,000, all Agreements and all Contracts exceeding \$3,000.**

Procurement _____ Three quotes Sealed Bid Competitive Proposal

COMPARATIVE SUMMARY (Minimum of Three Required)				
Company Name	Date	Price	Contact/Phone	Indian Y/N

Name of Selected Vendor: _____

Basis:

<input type="checkbox"/> Lowest Price	<input type="checkbox"/> Best Qualified Vendor
<input type="checkbox"/> Superior Product/Service	<input type="checkbox"/> Delivery Service Provided
<input type="checkbox"/> Based on Annual Price Comparisons	
<input type="checkbox"/> Sole Source Provider (MUST Attach Detailed Justification)	
<input type="checkbox"/> Only Qualified Local Provider Due to Geographic Disadvantage	

Comments: _____

**** REQUIRED SIGNATURES ****

*** By affixing your signature, you acknowledge that you have reviewed the attached documentation for presentation to Tribal Council.*

Requestor _____ Date _____

**Chief Financial Officer _____ Date _____

**Director, Administrative Programs & Compliance _____ Date _____

**Director of Self Governance(MOU/MOA) or TERO (Contracts) _____ Date _____

Other _____ Date _____