# CISSSME_coul

# DEMANDE D’ACHAT

# BIBLIOTHÈQUE DU CISSS DE LA MONTÉRÉGIE-EST

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| **Site** |  | **Hôpitaux** | Choisissez un élément. | **JOUR** | **MOIS** | **ANNÉE** |
|  | **CLSC** | Choisissez un élément. |  |  |  |
|  | **Unité de médecine familiale** | Choisissez un élément. |
|  | **Centre d’hébergement** | Choisissez un élément. |
|  | **Services jeunesse** | Choisissez un élément. |
|  | **Centres administratifs** | Choisissez un élément. |
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| Nom dépt./serv. | | | | | |  | | | | | | | | | | | | NUMÉRO DU CENTRE DE COÛT (iMPUTATION DÉPT./SERV.) | | | | | | | | |
| **Responsable** | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| **Direction** | | | | | |  | | | | | | | | | | | |
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| **Nombre** | | | **Auteur** | | | | | | | | | **Titre** | | | | | | | | | | | | | | |
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| **ISBN** | | | | | | | | | | | | **MENTION D'ÉDITION** | | | | | **ANNÉE DE PUBLICATION** | | | | | | | | | |
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| **COÛT** | | | | | **TPS** | | | **TVQ** | | | | **FRAIS DE POSTE ET AUTRES** | | | | | | | | **TOTAL** | | | | | | |
| **$** | | | | |  | | |  | | | |  | | | | | | | | **$** | | | | | | |
| **ÉDITEUR / DISTRIBUTEUR** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NATURE DE LA DEMANDE | | | | | | | | | | | **SVP RÉPONDRE** | | | | | | | | | | | | | | | |
| Volume | | | |  | | | | | | | **Sera conservé :** | | | | | **Bibliothèque** | | | | | **Service** | | | | | |
| Périodique | | | |  | | | | | | |
| CD-ROM | | | |  | | | | | | | **Local ou bureau où sera localisé le document** | | | | | | | | | | | | | | | |
| DVD | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
| Autre | | | |  | | | | | | | **NOTE** | | | | | | | | | | | | | | | |
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| **DEMANDEUR ET SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Professionnel requérant l’acquisition :** | | | | | | | | | | | | | | | | | | | **Téléphone :** | | | | | | | |
| **Signature du gestionnaire autorisé :** | | | | | | | | | | | | | | | | | | | | | | | | | | |