



**Business Proposal**

**Product Request/Initiative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Requestor Name & Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Please identify the support services needed to assist you in developing this request?**

Purchasing

Facility Planning

Decision Support

Other \_\_\_\_\_

Information Systems

**Briefly describe the product request / initiative:**

- Current State & Proposed State:
  
  
  
  
  
  
  
  
  
  
- Impact to University Hospital: (*i.e. new volume, cost reduction, quality, patient outcomes*)
  
  
  
  
  
  
  
  
  
  
- Estimated cost:

**Is this product reimbursable?**

Yes

No

*If yes, please attach billing and reimbursement guidelines.*