

**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:**  Small Purchase (less than \$5,000)  Large Purchase (more than \$5,000)\*\*  
 Construction Contract  Other: \_\_\_\_\_  
 Independent Contractor Under \$5,000\*\*  
 Independent Contractor Over \$5,000\*\*

**\*\*Tribal Council approval is required for: all purchases exceeding \$5,000, all Agreements and all Contracts exceeding \$5,000.**

**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:**  Lowest Price  Best Qualified Vendor  
 Superior Product/Service  Delivery Service Provided  
 Based on Annual Price Comparisons  
 Sole Source Provider (MUST Attach Detailed Justification)  
 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 \_\_\_\_\_

\*\*Contract Compliance Specialist \_\_\_\_\_ Date \_\_\_\_\_

\*\*Executive Director (MOU/MOA) or TERO (Contracts) \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_