

## Divestiture Notification

We have recently been notified that your company is in the process of divesting facilities. The information below is required to process the divestitures accurately in our system.

**To be completed by current owner:**

<b>CURRENT OWNER NAME</b>			
<b>ACCOUNT NUMBER</b>			
<b>CURRENT OWNER ADDRESS AND PHONE NUMBER</b>	STREET	PHONE	
	CITY	STATE	ZIP
<b>RESPONSIBLE FOR PAYMENT OF INVOICING BILLED THROUGH</b>			
<b>ACCOUNTS PAYABLE CONTACT</b>			
<b>GPO MEMBER (yes/no)</b>		IF YES, GPO NAME:	
<b>NEW OWNER NAME</b>			
<b>NEW OWNER ADDRESS AND PHONE NUMBER</b>	STREET	PHONE	
	CITY	STATE	ZIP

\*If you are divesting more than five facilities, attach roster with information below listed for each facility being divested.

FACILITY NAME	FACILITY ADDRESS	Street City   State   Zip	DIVESTITURE DATE

### SUBMIT FORM

<b>FOR INTERNAL USE ONLY: CONTRACT ON FILE:</b>	<b>ACCOUNT NUMBER:</b>
<b>GPO:</b>	<b>GPO NAME:</b>