P5. WASTE WISE PURCHASING MONITORING AND REPORTING PROGRAM

Name:	**Unit/Branch:**	**Reporting Period: / / to / /**
Position:	**Dep't/Div:**	**Date Buy Recycled Policy Adopted by Council: / /**
Phone:	**Facsimile:**	
Email:		

PRODUCT/ PRODUCT CATEGORGY	SPECIFICATIONS REVIEWED	BUY RECYCLED PROGRAM FROM POLICY INITIATED	PURCHASES AVOIDED, PRODUCTS REUSED OR PURCHASE OF RECYCLED PRODUCTS				$/UNIT NON RECYCLED PRODUCT	$/UNIT RECYCLED PRODUCT	% PRICE PREFERENCE USED	$/UNIT SAVED IN BUYING RECYCLED	RECYCLED PRODUCT		TOTAL COST SAVING
			AMOUNT AVOIDED	AMOUNT REUSED	% RECYCLED	OTHER BENEFITS, SAVINGS OR COMMENTS					QUANTITY PURCHASED	PURCHASE DATE	

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PRODUCT/ PRODUCT CATEGORGY	SPECIFICATIONS REVIEWED	BUY RECYCLED PROGRAM FROM POLICY INITIATED	PURCHASES AVOIDED, PRODUCTS REUSED OR PURCHASE OF RECYCLED PRODUCTS				$/UNIT NON RECYCLED PRODUCT	$/UNIT RECYCLED PRODUCT	% PRICE PREFERENCE USED	$/UNIT SAVED IN BUYING RECYCLED	RECYCLED PRODUCT		TOTAL COST SAVING
			AMOUNT AVOIDED	AMOUNT REUSED	% RECYCLED	OTHER BENEFITS, SAVINGS OR COMMENTS					QUANTITY PURCHASED	PURCHASE DATE	