

EOC LOGISTICS - SUPPLY AND SERVICES REQUEST FORM
(Print Legibly)

ITEM / SERVICE REQUESTED: _____

REQUESTOR'S NAME: _____ PHONE NUMBER: _____

SECTION/AGENCY: _____ EMAIL (If available): _____

ITEM / SERVICE DESCRIPTION: _____

PURPOSE: _____

QUANTITY: _____ SIZE: _____

WHEN NEEDED (Date and Time): _____ PICKUP OR DELIVERY: _____

DELIVERY LOCATION - Street address : _____

Cross Street: _____

RECEIVER'S NAME AND/OR POSITION: _____

Telephone Number: _____ Email Address (if available): _____

Cell No. (if available): _____ Radio Frequency (if available): _____

ADDITIONAL DETAILS/COMMENTS: _____

AUTHORIZATION - Printed Name: _____

Signature: _____

EOC LOGISTICS USE ONLY

DATE/TIME RECEIVED: _____ LOG NO.: _____

DATE/TIME ORDERED: _____ BY: _____

SUPPLIER/PROVIDER: _____ VENDOR NO.: _____

ADDRESS: _____ PHONE NO.: _____

CONTACT PERSON: _____ CELL NO.: _____

PURCHASE ORDER NUMBER: _____ EMAIL: _____

AUTHORIZATION SIGNATURE: _____ AMOUNT \$: _____

ETA: _____

FINANCE USE ONLY

INDEX CODE: _____

VENDOR INVOICE NO: _____ VOUCHER NO.: _____

DATE PAID: _____ TOTAL AMOUNT: _____

INPUT BY: _____ DATE COMPLETE: _____