FLORIDA DEPARTMENT OF HEALTH

SUPPLY REQUISITION MANAGEMENT SYSTEM

Supply Requisition

Please Write Legible

Requisition Number:
(Must Be Six Digits)

Supply Use Only

To Be Completed By Requestor

1. Action Type	2. D/C Code	3. Organizational Code	4. Sub Code	5. Expansion Option	6. Other Cost Accumulators

7. DOH Stock Number	8. Quantity (Total Packages)	9. Unit of Issue	10. Description

Remarks: _____

11. Requestor Name (Printed)	12. Date	13. Signature of Approval	14. Date

15. Requestor's Signature	16. Requestor's Telephone Number – REQUIRED (SUNCOM, if available)

Filled By	Date	Received By	Date

DH 1370H, 1/07
(Stock Number 5740-00H-1370-1)

Distribution of Copies
White – To Supply
Canary – Requestor's Copy