



**Publication/Supply Supplemental Order Form**

This form is for use by non Department of Health entities when ordering publications and/or supplies from the Department of Health Tallahassee Distribution Center.

<b>FOR USE BY DISTRIBUTION CENTER ONLY</b>	
Document #	<input type="text"/>
Check #	<input type="text"/>
Current Price Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate Inventory for Order	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received	<input type="text"/>

**NOTICE:**

**Prices are subject to change without prior notice. Please call the Distribution Center at (850) 414-8086 before ordering to verify current prices. Order form & check will be returned for invalid prices.**

STOCK NUMBER	FORM NO.	QTY # of Pks or Ctns	UNIT PRICE	TOTAL PRICE
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			<b>TOTAL</b>	\$

Please provide the following required information. PLEASE PRINT NEATLY. Missing or illegible information will cause your request to be returned.

Facility Name:	
Contact Name:	Date of Fax Transmittal:
Ship to address (street name and number, city, state and zip code):	
Phone Number: ( ) -	Fax Number: ( ) -

**Please mail a check/money order (payable to Department of Health) along with a copy of this form to the following address:**

**DOH (Distribution Center)  
104-3 Hamilton Park Drive  
Tallahassee, FL 32304**

**Phone: (850) 414-8086  
Fax: (850) 414-7753**

**Your check number (up to 6 digits) will be your document number so please keep a record of your check number.**