

# COVID-19 Emergency Requisition Request Form

**Instructions:** This form must be included with all COVID-19 WebEOC resource requests entered by Counties, including personal protective equipment (N-95 masks, hand sanitizer, etc.) and testing supplies. Resource requests are should be a stop-gap measure only to ensure the medical system continues to function.

<b>JUSTIFICATION</b>		
** This section must be completed **		
Item Requested: <small>(Be Specific)</small>	Purpose:	Quantity Requested:
Current Inventory:	Burn Rate: <small>(Daily Consumption)</small>	Current Inventory:
<b>VENDOR DATA</b>		
** This section must be completed **		
Vendors Contacted:	1.	Projected Delivery Date:
	2.	Projected Delivery Date:
	3.	Projected Delivery Date:

<b>REQUESTOR INFORMATION</b>	
Only complete this section if you are requesting resources on behalf of a City or Municipality.	
City/Municipality:	
Point-of-Contact Name:	POC Office Phone:
POC Email Address:	POC Cell Phone:
Specify conversations or optimization strategies your county/city has implemented.	