

COVID-19 Emergency Requisition Request Form

Instructions: The information from this form (either directly attached to WebEOC or included in the comments section) 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 should be a stop-gap measure to ensure the medical system continues to function.

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

REQUESTOR INFORMATION		
Only complete this section if you are requesting resources on behalf of another entity.		
Requesting Party: <small>(e.g., City or Healthcare Facility)</small>		
CONTACT NAME:		CONTACT Office Phone: (000) 000-0000
CONTACT Email:		CONTACT Cell Phone: (000) 000-0000
Specify conversations or optimization strategies your county/city has implemented.		

ON-SCENE POINT OF CONTACT FOR DELIVERY

(SAME PERSON AS REQUESTOR)

On-Scene Point of Contact:	POC EMAIL:
POC PHONE:	POC ALT. PHONE

Delivery LOCATION:

ADDRESS:			
CITY:	STATE:	ZIP:	
	FL		
DELIVERY INSTRUCTIONS:			

MISSION AUTHORIZATION CONTACT DETAILS

Authorized Representative's Name:	
Authorized Rep. Title:	
Authorized Rep. Email:	
Authorized Rep. Phone:	

By checking this box, the requesting party is authorized to input and obligate funds for this mission.

Signature: