

Medical and Health Resource Request

RR MH (9/09)

1. Incident Name: _____ _____ _____	2a. DATE: _____ _____ _____	2b. TIME: _____ _____ _____	2c. Requestor Number: (Assigned by Requesting Entity) _____ _____ _____
3. Requestor Name, Agency, Position, Phone / Email: _____ _____ _____ _____			
4. Describe Mission/Tasks: _____ _____ _____ _____			
5 - 7: ORDER SHEET - SEE ATTACHED			
8. MHOAC / DOC Review (NAME, POSITION, AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL) _____ _____ _____			
9. Processing Activities: (DESCRIBE DETAILS)			
NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State, Pre-Allocated).			
10. Additional Order Fulfillment Information: _____ _____ _____	11. Supplier Name / Phone / Fax / Email: _____ _____ _____	12. Resource Tracking: <input type="checkbox"/> Entered into Resource Tracking System (Plans) <input type="checkbox"/> Demob Expected: <input type="checkbox"/> Demob Completed (if known):	
13. Notes: _____ _____ _____			
14. ORDER FILLED AT (check box) <input type="checkbox"/> OA EOC <input type="checkbox"/> REGION <input type="checkbox"/> STATE <input type="checkbox"/> PRE-ALLOCATED			
15. Reply / Comments from Finance: _____ _____ _____			
16. Finance Section Signature (Name, Position & Signature) & Date/Time: _____ _____ _____			

This is a MULTI-PART form. Use ball point pen and press firmly. Full instructions are on back page. Requestor fills in top portion of form. Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.

