

DPPCS COVID 19 SUPPLY REQUISITION/RECEIPT FORM

Revised 7/1/2020

Requisition Number:	Date: _____
Requestor:	PICK UP <input type="checkbox"/> or DELIVERY <input type="checkbox"/>
Requestor Phone:	Delivery Address:
Requestor Email:	
Requesting Facility:	
Authorization Sig. (William Merritt)	

ITEM	QUANTITY REQUESTED	QUANTITY DISTRIBUTED	ITEM	QUANTITY REQUESTED	QUANTITY DISTRIBUTED
Non-Contact/No touch forehead thermometer			boot covers (pair)		
Surgical Mask/Face Mask			Liquid handsoap 1 gal		
Surgical masks with eye protection			Liquid Handsoap 27 oz.		
N95 masks			Bar Soap		
Goggles			Disinfecting wipes		
Nitrile MED gloves (100 per box)			Bleach 1 gal		
Nitrile LG gloves (100 per box)			Cadaver/corpse/body bag		
Nitrile 3m XL gloves (100 per box)			Trash bags 30 gal		
Isolation disposable gowns (XL or larger)			Biohazard trash bags large, 30 gal		

Chief Fiscal/Finance Designee: _____

Dept. Code _____ PCA: _____ AOBJ: _____ Amount: _____

Name of Person Packing Order: _____

Signature of Person Packing Order: _____

Name of Receiving Party: _____

Signature of Receiving Party: _____

Date Received: _____