

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: (e.g., City or Healthcare Facility)	
Point-of-Contact Name:	POC Office Phone:
POC Email Address:	POC Cell Phone:

Specify conversations or optimization strategies your county/city has implemented.

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

Signature: