

RESOURCE REQUEST MESSAGE ICS-213RR TX

Fax to # ()

Note to Requestor: fill in all shaded areas for expedited service

INCIDENT NAME:	DATE & TIME:	FORM REQUEST #:
COUNTY / MOC TRACKING #:	CITY / HOSPITAL TRACKING #:	DDC TRACKING #:

ORDER NOTES: Use additional forms when requesting different resource sources of supply

Qty.	Item [†]	Unit ^{††}	Detailed Item Description (kind, type, vital characteristics, brand, spec, size, etc.) BE DESCRIPTIVE	Cost (if known)	Demob Item? ^{†††}

[†] Item Name ^{††} Unit of Measure: (case, ea, pallet, etc) ^{†††} Demob: Will the item need to be included in Demobilization?

***Purpose for Request (REQUIRED):**

***Point of Contact Name:** ***Point of Contact Telephone #:** ***Facility Name:**

***Physical Address:** ***City:** ***County:** ***State:** ***Zip**

***Requested by (Name & Position):** ***Requestor Telephone #:** ***Requestor E-Mail:** ***Priority:**

Supervisor Signature/ Approval:	X	Date:
		Time:
Section Chief Signature/ Approval:	X	Date:
		Time:

Logistics Order #: Equipment Supplies Personnel

Name of Supplier: **Point of Contact:** **Phone Number:**

Fax Number: **Point of Contact e-mail:**

Reply or Comments from Logistics:

Logs Chief Signature/ Approval:	X	Date:
		Time:

Order sent to:
(mark all that apply) SPUL PROC MACC/MOC DDC PHR

Reply or Comments from Finance:

Finance Chief Signature/ Approval:	X	Date:
		Time:

S P U L	Request Filled:	Signature	Amount Filled: ____	Date:
	Check when Filled: <input type="checkbox"/>	X		Time:
	Request Finalized:	Signature	Amount Sent: ____	Date:
	Check when Sent: <input type="checkbox"/>	X		Time:
This item has been delivered to requestor from MACC/DDC/SOC: <input type="checkbox"/>				
P R O C	Request Ordered:	Signature	Amount Ordered: ____	Date:
	Check when Ordered: <input type="checkbox"/>	X		Time:
	Request Finalized:	Signature	Amount Sent: ____	Date:
	Check when Sent: <input type="checkbox"/>	X		Time:
M A C C / M O C	Comments from MACC/MOC:		Can fill some or all of order locally: <input type="checkbox"/> Amount Filled: ____	
			Request Additional from SOC: <input type="checkbox"/>	
			Signature: X	
P H R	Comments from PHR:		Can fill some or all of order locally: <input type="checkbox"/> Amount Filled: ____	
			Request Additional from DSHS: <input type="checkbox"/> Amount Requested: ____	
			Signature: X	
D D C	Comments from DDC:		Can fill some or all of order locally: <input type="checkbox"/> Amount Filled: ____	
			Request Additional from SOC: <input type="checkbox"/> Amount Requested: ____	
			Signature: X	
S O C	Comments from SOC:		SOC Received: <input type="checkbox"/>	
			Signature: X	
Request filled by: <input type="checkbox"/> Local <input type="checkbox"/> MACC/MOC <input type="checkbox"/> DDC <input type="checkbox"/> SOC				
Route to: <input type="checkbox"/> Logs <input type="checkbox"/> Finance <input type="checkbox"/> Requestor <input type="checkbox"/> Documentation				
Additional Notes/ Details:				

Requestor fills out items in yellow and keeps copy; each branch or section fills out their listed portion and keeps copy. This document, when used in conjunction with a unique WebEOC user account, can be considered an electronically signed copy.