STOCKROOM REQUISITION

Medical Services Administration
Michigan Department of Community Health

- Refer to this number for inquiries. ► **SR-**
- For information about this requisition call **(517) 335-5158**

INSTRUCTIONS:

- Order MSA forms, and publications on this form.
- Specify the quantity you NEED in single units (**EACH**, not pad, package, box or carton).
- Retain the PINK copy for your records.
- LEAVE SHADED AREAS **BLANK**.
- Allow **3 weeks** for processing.
- Complete this form and mail the WHITE and YELLOW copies to:
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REQUESTER INFORMATION:

Requesting Business or Office Name			Date of Request	Requester Phone Number ( )
Attention of			Approval Signature(s) (as needed)	
Delivery Address (Number and Street)				
City	State	Zip Code		

SAMPLE

REQUESTED ITEMS:

COMMODITY NUMBER **4827 -**	QUANTITY NEEDED **EACH** (NOT Pad, Pkg, Box or Ctn.)	FORM, ENVELOPE or PUBLICATION IDENTIFICATION NUMBER	FORM, ENVELOPE or PUBLICATION TITLE

AUTHORITY: Title XIX of the Social Security Act
COMPLETION: Is Voluntary, but this information is required to obtain a supply of MSA printed materials.

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