



Disaster Requisition (Form 6409)

Instructions for completing the form

Use the *Disaster Requisition* (Form 6409) to ship items to and from disaster relief operations, Disaster Field Supply Centers (DFSCs) or other related disaster sites. An authorized person must complete this form. The *Disaster Requisition* (Form 6409) is located on the disaster services form pages on CrossNet.

Use a different *Disaster Requisition* (Form 6409) for each shipping address. Use and attach multiple forms if all items do not fit on one form.

The person who requisitions the purchase of goods or services should not be the person who approves the purchase.

Use the instructions below to complete all the sections of this form:

I) Basic Information

DR #: Enter the DR # and year

DR Name: Enter the DR Name

Today's Date: Enter date in mm-dd-yy format

Requisition #: Enter a unique Requisition #. This block is to be filled by NHQ DLC personnel only.

SCREM Trip #: This is to be filled in by SCREM

Requisition Type: Check the appropriate box for the type of requisition: Shipment, Return or Transfer

II) Ship to Information *(to be filled by the Requester)*

Ship to Contact Information: Enter the contact name, phone # and the complete shipping address for where the items are being shipped.

Special Instructions: Enter any special instructions (up to 60 characters), e.g., specific instructions for the driver

Drop Trailer (Checkbox): Check if a drop trailer is being requested

IKD (Checkbox): Check if items are needed only if sourced as an in-kind donation

III) Requester's Information *(to be filled by the Requester)*

Prepared by (Print name): Enter the Requester's Name. Please write legibly.

Prepared by (Signature): Enter the Requester's Signature (digitally typed or digital signature is acceptable)

Group: Enter the Requester's Group

Activity: Enter the Requester's Activity

IV) Description of Item(s)

Stock No.: Enter the Stock No. for the item if known

Quantity: Enter the # of Units of Measure

Unit of Measure: Enter the Unit of Measure (EA-Each; PK-Pack; CS-Case; BX-Box)

Total Qty (Each): Enter the number Quantity x Unit of measure = Total Each

Item Description: Enter the description of the item

Need by: Enter the date and time for when the items are needed

Status: Enter the order fulfillment status of the item (this block is for disaster relief operation and SCREM use only)

V) Approver

Checkbox: Certifies items are in concurrence with the Service Delivery Plan

Approved by (Print name and title): Enter the Name and Title of the Approver

Approved by (Signature): Enter the Signature of the Approver (digitally typed or digital signature is acceptable)

When you have completed the information on this form and received approval, forward to LOG Supply on the disaster relief operation. LOG Supply should then fax the form to DLC at 202-303-0225 or email at DLC@usa.redcross.org.



Disaster Requisition Receipt (Form 6409-B)

Instructions for completing the form

Use the *Disaster Requisition Receipt* (Form 6409-B) to acknowledge receipt of materials requested on the *Disaster Requisition* (Form 6409) by Groups/Activities on the disaster relief operation.

Disaster Requisition Receipt (Form 6409-B) is for field use only.

Use the instructions below to complete all the sections of this form:

I) Basic Information

DR #: Enter the DR # and year

DR Name: Enter the DR Name

Today's Date: Enter date in mm-dd-yy format

Requisition #: Enter a unique Requisition #.

II) Description of Item(s)

Stock No.: Enter the Stock No. for the item if known

Quantity: Enter the # of Units of Measure

Unit of Measure: Enter the Unit of Measure (EA-Each; PK-Pack; CS-Case; BX-Box)

Total Qty (Each): Enter the number Quantity x Unit of Measure = Total Each

Item Description: Enter the description of the item

Status: This is to be filled in by supply on a disaster relief operation

III) Acknowledgement by person receiving item

Checkbox: Certifies receipt of items

Received by (Printed name): Enter the name of the recipient

Received by (Signature): Enter the signature of the recipient (digitally typed or digital signature is acceptable)

Date: Enter date in mm-dd-yy format

Time of Arrival: Enter arrival time

Group: Enter the Requester's Group

Activity: Enter the Requester's Activity



Disaster Requisition Bill of Lading for Disaster Relief Operations (Form 6409-C)

VI) Certification of items loaded *(Acknowledgement by person issuing items out of the origin location)*

I certify that I have issued all the items listed above to the shipper and all items are in good condition.

Issued by *(Print name)*:

Issued by *(Signature)*:

Date:

VII) Acknowledgement by carrier

I certify that I have received all the items listed above and all items are in good condition.

Received by *(Print name)*:

Received by *(Signature)*:

Date:

Time of departure:

VIII) Acknowledgement by person receiving items

I certify that I have received all of the items listed above.
(If all the items listed above have not been received, please provide an explanation in the space below)

Received by *(Print name)*:

Received by *(Signature)*:

Date:

Time of arrival:

Explanation for not receiving all items listed above. Items were:

Lost Other reason *(Please specify)*

Damaged

The receiver in Section VIII must send original completed form to the Logistics/Supply activity on the disaster relief operation. Supply should fax the form to DLC at 202-303-0225.



Disaster Requisition

Bill of Lading for Disaster Relief Operations (Form 6409-C)

Instructions for completing the form

The *Bill of Lading for Disaster Relief Operations* (Form 6409-C) must be completed by the Disaster Field Supply Center (DFSC), DRO warehouse or other warehouse that will be shipping out disaster product via a carrier. This form requires signatures from the carrier and recipient. This form must accompany the shipment.

Use the instructions below to complete all the sections of this form:

I) Basic Information

DR #: Enter the DR # and year

DR Name: Enter the DR Name

Today's Date: Enter date in mm-dd-yy format

Requisition #: Enter a unique Requisition #. This block is to be filled by NHQ DLC personnel only.

SCREM Trip #: This is to be filled in by SCREM

II) Origin Location

Where are these items being shipped from: Check DFSC, DRO Warehouse or Vendor/Donor

Origin Contact Information: Enter the originating name, and the complete originating address.

III) Ship to Information

Ship to Contact Information: Enter the contact name, phone # and the complete shipping address for where the items are being shipped.

IV) Shipping Information

Transportation Mode: Check Land, Sea or Air

Type of Transaction: Check Delivery, Distribution or Disposal

Transport Subcontractor (if any): Fill in if applicable

Trailer #: Enter Trailer #

Trailer Tracker #: Enter Trailer Tracker #

License plate #: Enter License plate # of the trailer

V) Product Information

Stock No.: Enter the Stock No. for the item if known

Quantity: Enter the # of Quantity

Unit of Measure: Enter the Unit of Measure (EA-Each; PK-Pack; CS-Case; BX-Box)

Total Qty (Each): Enter the number Quantity x Unit of Measure = Total Each

Item Description: Enter the description of the item

VI) Certification of items loaded

Checkbox: Certifies issuance of items

Issued by (Print name): Enter the name of the issuer

Issued by (Signature): Enter the signature of the issuer (digitally typed or digital signature is acceptable)

Date: Enter date in mm-dd-yy format

VII) Acknowledgement by carrier

Checkbox: Certifies delivery of items

Received by (Print name): Enter the name of the recipient

Received by (Signature): Enter the signature of the recipient (digitally typed or digital signature is acceptable)

Date: Enter date in mm-dd-yy format

Time of Departure: Enter departure time

VIII) Acknowledgement by person receiving item

Checkbox: Certifies receipt of items

Received by (Print name): Enter the name of the recipient

Received by (Signature): Enter the signature of the recipient (digitally typed or digital signature is acceptable)

Date: Enter date in mm-dd-yy format

Time of Arrival: Enter arrival time

Explanation for not receiving all items listed above: Check Lost, Damaged or other Reason (please specify)

The receiver in Section VIII must send original completed form to the Logistics/Supply activity on the disaster relief operation. The Logistics/Supply activity must then fax the form to DLC at 202-303-0225.