## RESOURCE REQUEST MESSAGE ICS-213RR TX Fax to # ( )

Note to Requestor: fill in all shaded areas for expedited ser
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IN	ICIDEN	IT NAM	E:		DATE & TIME:						FORM REQUEST #:			
С	OUNT	/ / MOC	TRACK	(ING #:	CITY / HOSPITAL TRACKING #:					DDC TF	DDC TRACKING #:			
<b>ORDER NOTES:</b> Use additional forms when requesting different resource sources of supply														
	Qty.   Item <sup>†</sup>   Unit <sup>††</sup>   Detailed				Item Description , vital characteristics, brand, spec, size, etc.) BE DESCRIPTIVE						Cost (if known)	Demob Item? ***		
R														
E Q	† Itom	Namo	<sup>††</sup> Unit of	Moasuro: (		allet etc)		tti Do	<b>moh:</b> Will the i	tom pood to boi	included in De	mobilization?		
		<ul> <li>*Purpose for Request (REQUIRED):</li> <li>**** Unit of Measure: (case, ea, pallet, etc)</li> <li>************************************</li></ul>												
U E	*Point of Contact Name:					*Point of Contact Telephone #: *Facility				lame:				
s	*Physical Address:					*City:			*County:		*State:	*Zip		
т					tion):	n): *Requestor Telephone #: *Reque				estor E-Mail: *Priority:				
0		ervisor Date:												
R	Appro	pproval: X								Time:				
	Supe	Supervisor Notes:												
	Signa	Section Chief Signature/								Date:				
		proval: X Time:								Time:				
	Section		er notes	-										
Request filled by:														
Route to:					.ogs 🗌 Finance 🗌 Requestor 🗌 Documentation									
A	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.