

[Click to Print This Page](#)      **RESOURCE REQUEST MESSAGE**      ICS 213 RR      Vers 1.4

**1. Incident Name:** Simulated Emergency Test 2020      **2. Date/Time:** {var DateTime}

**3. Resource Request Number:** 1      **Page** {var Pa} **of** {var Pa} Number of pages for this Resource Number

**REQUESTOR**

**4. Order**

							Needed Date/Time
Qty	Kind	Type	Item Description	Requested	Estimated	Cost	
50	A	B	Small IV canulas	1200 2020-10-03	1200 2020-10-03	36	
100	LITER BA	STERILE	Normal Saline solution for IV, 1 liter bags	1200 2020-10-03	1200 2020-10-03	600	
300	A	B	Sterile suture sets	1200 2020-10-03	1200 2020-10-03	1000	
100	A	B	Nitrile gloves, small size, sterile	1200 2020-10-03	1200 2020-10-03	300	
400	A	B	Nitrile gloves, medium size, sterile	1200 2020-10-03	1200 2020-10-03	300	
300	A	B	Nitrile gloves, large size, sterile	1200 2020-10-03	1200 2020-10-03	300	
1000	A	A	disposable masks, 3ply	1200 2020-10-03	1200 2020-10-03	200	
300	A	B	paper gowns	1200 2020-10-03	1200 2020-10-03	400	

**5. Delivery/Reporting Location:** Simuated Longmont United Hospital

**6. Substitutes and/or Suggested Sources:** any {var Subs2}

**7. Requested by Name/Position:** Susie Q Head Emergency Dept      **8. Priority:** URGENT

**9. Section Chief Approval:** Chris M

**LOGISTICS**

**10. Logistics Order Number:** \_\_\_\_\_

**11. Supplier Phone/Fax/Email:** \_\_\_\_\_

**12. Name of Supplier:** \_\_\_\_\_      **12A. Point of Contact:** \_\_\_\_\_

**13. Notes:** \_\_\_\_\_

**14. Signature of Auth Logistics Rep or Name:** \_\_\_\_\_      **15. Date/Time:** {var LogDateTime}

**16. Order Placed by:** \_\_\_\_\_ Who gets the filled order

**FINANCE**

**17. Reply/Comments from Finance:** \_\_\_\_\_

**18. Finance Section Signature or Name:** \_\_\_\_\_      **19. Date/Time:** {var FinDateTime}

