

DH-	4

WAREHOUSE CONTROL NO.

PLEASE SE					
QUANTITY* REQUESTED	WAREHOUSE USE ONLY SUPPLIED	STOCK NO.	TITLE (PLEASE LIST <u>EXACT</u> TITLE)	DHSS WAREHOUSE USE ONLY	
*THE COST OR A LIMITED STOCK MAY RESTRICT QUANTITIES SUPPLIED.					
THE INFORMATION BELOW MUST BE COMPLETED IN FULL TO PROCESS YOUR REQUEST.   REQUESTER'S ORGANIZATION NAME					
CONTACT PERSON'S NAME			PHONE NO.		
•				( )	
SHIPPING ADDRESS (P.O. Box holders MUST include street address) CITY, STATE, ZIP CODE					
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## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF GENERAL SERVICES

COMPLETE THE INFORMATION BELOW AND RETURN TO: MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**GENERAL SERVICES WAREHOUSE** 

P.O. BOX 570, JEFFERSON CITY, MO 65102-0570

## **REQUEST FOR LITERATURE**

OR FAX TO: (573) 751-1574