MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF GENERAL SERVICES

REQUEST FOR LITERATURE

COMPLETE THE INFORMATION BELOW AND RETURN TO: OR FAX TO: **(573) 751-1574**	**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES** **GENERAL SERVICES WAREHOUSE** **P.O. BOX 570, JEFFERSON CITY, MO 65102-0570**	WAREHOUSE CONTROL NO.

PLEASE SEND ME THE FOLLOWING LITERATURE:

QUANTITY* REQUESTED	WAREHOUSE USE ONLY SUPPLIED	STOCK NO.	TITLE (PLEASE LIST EXACT 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	DATE
CONTACT PERSON'S NAME	PHONE NO. ( )

SHIPPING ADDRESS **(P.O. Box holders MUST include street address)** CITY, STATE, ZIP CODE

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER – services provided on a nondiscriminatory basis