



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF GENERAL SERVICES  
**REQUEST FOR LITERATURE**

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**

OR FAX TO: **(573) 751-1574**

WAREHOUSE CONTROL NO.

**PLEASE SEND ME THE FOLLOWING LITERATURE:**

QUANTITY* REQUESTED	WAREHOUSE USE ONLY	STOCK NO.	TITLE (PLEASE LIST <u>EXACT</u> TITLE)	DHSS WAREHOUSE USE ONLY
	SUPPLIED			

\*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