



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

Fax to DHSS Warehouse: 573-751-1574

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**

WAREHOUSE CONTROL NO.

OR FAX TO: (573) 751-1574

PLEASE SEND ME THE FOLLOWING LITERATURE:

QUANTITY* REQUESTED	Warehouse	STOCK NO.	TITLE (PLEASE LIST EXACT TITLE)	DHSS WAREHOUSE USE ONLY
	Use Only SUPPLIED			
		136	1-5 FIT-TASTIC, POSTER 11X17	
		214	DRINK UP 4 SERVINGS OF WATER, POSTER 11 X 17	
		250	PLAY STATION, POSTER 11X17	
		268	DIABETES, ISN'T A GAME, POSTER 11X17	
		304	THEIR BLOOD PRESSURE IS NOTHING TO, POSTER 11X17	
		306	MOO MOVE 3 SERVINGS OF LOW OR, POSTER 11X17	
		322	THE RISK OF HEART DISEASE, POSTER 11X17	
		340	FRUIT N SNACKS, POSTER 11X17	
		358	EATING RIGHT-5 SERVINGS OR MORE OF, POSTER 11X17	
		376	GET MOVING 1 HOUR OR MORE OF, POSTER 11X17	
		412	UNPLUG- 2 HOURS MAXIMUM OF, POSTER 11X17	
		142	FIT-TASTIC, 1 HOUR > PHYSICAL ACTIVITY (pad/50) English	
		139	FIT-TASTIC, 2 HOUR SCREEN TIME (pad/50) English	
		135	FIT-TASTIC, 3 LOW/NONFAT MILK/YOGURT (pad/50) English	
		126	FIT-TASTIC, 4 WATER NOT SUGARY DRINKS (pad/50) English	
		122	FIT-TASTIC, 5 FRUITS & VEGGIES (pad/50) English	
		119	FIT-TASTIC, CHOOSE HEALTHY HABITS (pad/50) English	
		789	FIT-TASTIC, TRACKER (pkg 50) English	
		141	FIT-TASTIC, 1 HOUR > PHYSICAL ACTIVITY (pad/50) Spanish	
		140	FIT-TASTIC, 2 HOUR SCREEN TIME (pad/50) Spanish	
		127	FIT-TASTIC, 3 LOW/NONFAT MILK/YOGURT (pad/50) Spanish	
		125	FIT-TASTIC, 4 WATER NOT SUGARY DRINKS (pad/50) Spanish	
		114	FIT-TASTIC, 5 FRUITS & VEGGIES (pad/50) Spanish	
		120	FIT-TASTIC, CHOOSE HEALTHY HABITS (pad/50) Spanish	
		787	FIT-TASTIC, MESSAGE CARD (pkg 50) Bilingual	
			one side of 787 is Spanish , the other is English	

*LIMITED STOCK MAY RESTRICT QUANTITIES AVAILABLE FOR SHIPMENT

THE INFORMATION BELOW MUST BE COMPLETED IN FULL TO PROCESS YOUR REQUEST.

REQUESTER'S ORGANIZATION NAME	DATE
CONTACT PERSON'S NAME	PHONE

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