COUNTY HOSPITAL

COST

CHECK ONE

☐ PHARMACY REQUISITION

☐ CENTRAL SUPPLY REQUISITION (Use separate requisition for

Pharmacy & C.S. Items)

DEPT		CENTER [DATE	REQ.	BY		
				DO NOT	WRITE IN	SPACES	BELOW
QUAN.	ITEM NO.	DESCRIPTION		ISSUED	BACK ORDER	UNIT	EXT.
-							
	-					,	
					,		
			à.				
	## # S					29,	
	2						
1.							
				,			-
1.21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						- 4	
			·				
* '	: :						
	,			,			
						- i	

CENTRAL STORES

TOTAL ____