

Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.
Requisition Form

Approvals

Telephone No: (843) 987-7477

Fax Number: (843) 987-7409

Date: _____



Department Director _____

Director, Accounting Div. _____

Accounting Coding _____

Purchasing Agent _____

Vendor _____

Address: _____

Address: _____

Telephone No./Fax No. _____

PPE Requisition

_____ Department

_____ Employee

_____ Purchase Order No.

Quantity	Units	Item Description	Product No.	Unit Cost	Back Ordered	Total Cost
	Box	Surgical Masks				\$ 0.00
	Each	N95				\$ 0.00
	Box	KN95				\$ 0.00
	Each	Gowns				\$ 0.00
	Box	Small Gloves				\$ 0.00
	Box	Medium Gloves				\$ 0.00
	Box	Large Gloves				\$ 0.00
	Each	Face Shields				\$ 0.00
	Each	Disinfecting Wipes				\$ 0.00
	Each	Alcohol Hand Sanitizer				\$ 0.00
	Each	Disinfecting Spray				\$ 0.00
	Each	Hair Covers				\$ 0.00
	Each	Shoe Covers				\$ 0.00
		Other:				\$ 0.00
SITE:						
					Sales Tax	
					Shipping and Handling	
					Total	\$ 0.00