

**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. \_\_\_\_\_

**Dental**

Department

Employee

**Dental PPE Requisition**

Purchase Order No. \_\_\_\_\_

Quantity	Units	Item Description	Product No.	Unit Cost	Back Ordered	Total Cost	
	Box	Halyard Level 3 Masks	153-2880			\$ 0.00	
	Box	Level 3 Ultra Sensitive Fog-Free Mask	774-0132			\$ 0.00	
	Box	N95: 3M 1860 (Green)				\$ 0.00	
	Box	N95: Benehal Particulate Respirator				\$ 0.00	
	Box	CrossTex Face Shields	101-2254			\$ 0.00	
	Box	Lab Coats (Button Front) XL	112-6304			\$ 0.00	
	Box	Comfort Bouffant Caps	988-0167			\$ 0.00	
	Box	Shoe Cover	104-6350			\$ 0.00	
	Box	Gloves: Sensi Free Pink PC	1112-6852 Small 112-6854 Medium 112-7319 Large			\$ 0.00	
	Box	Gloves: Refresh Aurelia	109-8847 Small 109-8269 Medium 109-8270 Large			\$ 0.00	
	Each	Gloves: Flexiprene Halyard Green (NON-LATEX)	643-0568 Small 643-0569 Medium 643-0570 Large			\$ 0.00	
	Box	Gloves: Purple Nitrile Halyard Gloves	107-0501 Small 107-0502 Medium 107-0503 Large			\$ 0.00	
	Box	Optim-1 Wipes	138-0525			\$ 0.00	
		Other:				\$ 0.00	
SITE:						Sales Tax	
						Shipping and Handling	
						<b>Total</b>	\$ 0.00