



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**



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 <small>(P.O. Box holders MUST include street address)</small>	CITY, STATE, ZIP CODE