INDIAN HEALTH SERVICE
ISSUE REQUEST FOR STORES STOCK SUPPLIES

REQUEST NO.
_____

DATE

NAME OF ORDERING S.U.:   FACILITY (IF DIFFERENT)

NAME OF ORDERING ACTIVITY   SCHEDULED ORDER DATE

REQUEST BY *(Signature/Title)*   DATE   APPROVED BY *(Signature/Title)*   DATE

CONTROLLED SUBSTANCES: DATE ITEMS REQUIRED:
   YES: NO:

ACCOUNTING DATA

SUBSTATION CODE	USER CODE	CAN	SUB-SUB ACTIVITY CODE

STORE STOCK ITEMS REQUESTED

INDEX NUMBER	ITEM DESCRIPTION	U/I	USER LEVEL	EXPL CODE	QUANTITY	
					REQUESTED	ISSUE

ISSUED BY   DATE

METHOD OF DELIVERY: # OF CARTONS

I certify that the quantities indicated in the "Quantity Issued" column above have been received in total or as indicated.

VOUCHER DATE

RECEIVING OFFICIAL *(Signature)*   DATE   VOUCHER NO.

IHS-413
10/88

EXPLANATION CODES

CODE — REASON FOR ORDERING

	C	=	Order cycle longer than normal.
	E	=	Emergency type item, use of which is not predictable.
	F	=	Forgot to order in Issue Book.
	H	=	High use due to new prescribing habits.
*	I	=	Increased use due to new physician.
*	L	=	User level too low.
*	M	=	Mistake made on previous order (too low).
*	N	=	New item, use not stable yet.
	O	=	Other reason (explain below).
#	P	=	Peak usage type item, now at high risk.
@	S	=	Seasonal item, being used at peak rate.
	U	=	Unknown reason for running out at this time.
	W	=	Was previously in Issue Book but not in new Issue Book.
	X	=	Expired product being replaced.
	Z	=	Not in Issue Book, never ordered previously, fill if possible.

* — Items may require User Level adjustments.

— Should a permanent User Level be established for this item.

@ — Should this item be identified as Seasonal Item, Type Code "Q".

Explanation(s):