

Supply Requisition Form

Illinois Emergency Management Agency (IEMA)

For Pick Up:

Springfield
Warehouse

DesPlaines
Regional Office

Name _____

Agency _____

Date/Time _____

Ship To:

Name _____

Address _____

City/State/Zip _____

Phone _____

# of Cases (# per case)	# of Books	Course Materials
(47)		Awareness Full Student Manual
(55)		Awareness Refresher Student Manual
(65)		Terrorism Basic Concepts Student Manual
(244)		WMD Emergency Response Guide (ERG)
(100)		USDOT Chart 12
(40)		Hazardous Materials Emerg. Response Guide (Haz/Mat ERG)

# of Copies	Instructor Materials
	State of Illinois Terrorism Glossary of Terms
	Awareness CD / PowerPoint
	Full Course Slides
	Refresher Slides
	Secondary Device Video
	Drug Lab Video

Fax to 217/524-5350 - Jill Weber - ILETSB for Approval

For Office Use: Approved By: _____ Date: _____