





## Disaster Requisition – Form 6409

### Instruction for completing the form

The Disaster Requisition Form (6409) must be completed by a red Cross worker requesting products or services to be used for a disaster relief operation.

A single Requisition form must be used for products or services for a single address only. If products or services are to be for multiple addresses, multiple forms must be used.

This form is available on the Exchange under disaster forms. If all items requested do not fit in one form, multiple forms may be attached.

This form must always be signed by both the requester and the approver. The requester and approver cannot be the same person.

### Please complete the blocks on this form as indicated below:

DR #: Enter the DR # and year (if applicable).

DR Name: Enter the DR Name.

Date: Enter date in mm-dd-yy format.

Requisition #: Requisition number if used. On DROs the logistics workers assign a number for tracking purposes.

#### Requester's Information

Prepared by (Print Name): Enter the Requester's Name. Please write legibly.

Prepared by (Signature): Enter the Requester's Signature.

Title: Enter the Requester's Title or Group/Activity/Position.

#### Delivery Information

Site POC: Enter the Site Point of Contact name.

Phone: Enter POC Phone Number.

Email: Enter POC E-mail.

Address: Enter delivery Street Address.

City: Enter delivery City.

State: Enter delivery State.

Zip: Enter delivery Zip Code.

#### Description of product(s) or service(s)

Stock No: Enter the Stock No. for the item if known.

Quantity: Enter the # of Units of Measures (EA-Each; PK-Pack; CS-Case; BX-Box) if known.

Total Qty (Each): Enter the number Quantity x Unit of Measure = Total Each. If unit of measure is not known enter total number of product needed.

Description: Enter the description of the product(s) or service(s).

Need by: Enter the date and time for when the product(s) or service(s) are needed.

**Special Instructions:** Enter any special requirements that did not fit in description section above.

Example 1: Call POC two hours before delivery.

Example 2: Drop trailer needed for products.

Example 3: Order only if product of service is donated (IKD).

#### Approver

Approver's Name: Enter the Name of Approver.

Signature: Enter the Signature of the Approver.

Title: Enter Approver's Title.

Phone: Enter Approver's Phone Number

#### Procurement Method (This section is optional)

Accounting string to charge: Enter the accounting string. The approver is responsible for this validation

Procurement tool to use: Check the box for:

Donation, ReQuest, Concur Invoice, P-card, Transfer, Loan or other. Attach this form to the procurement method.