State of Illinois
Department of Human Services

WAREHOUSE CONTROL SYSTEM REQUISITION ENTRY FORM

COMMODITIES AND EQUIPMENT MUST BE ON SEPARATE REQUISITIONS

Date: _____

Requested by: _____
(Unit/Local Office)

Cost Center Number: _____

Priority: _____

Approved: _____
(Supervisor of Unit/L.O.A./Section Head/Supt./Bus. Mgr.)

REQUISITION NUMBER:
ORS-ICRE USE ONLY

Deliver to: _____

Section Number: _____

REG. Number: _____

Object Code: _____ Program Code: _____

STOCK NUMBER	QUANTITY ORDERED	DESCRIPTION OF ITEM	QUANTITY ISSUED	UNIT PRICE

Commodities
Enter - Inquire on Requisition
PF/F1 - Add Requisition
PF/F2 - Change/Add/Delete Items
PF/F8 - Next Page
PF/F10 - Return to Cost Center Menu

Equipment
Enter - Inquire
PF/F1 - Add Requisition
PF/F2 - Change/Add Requisition Items
PF/F3 - Add Update/Inquiry
PF/F4 - Add Another Requisition
PF/F7 - Previous Page
PF/F8 - Next Page
PF/F9 - Next Requisition
PF/F10 - Return to Menu