



Requisition List Template

Req. No: MMC HF HEALTH DEPT FMS

Req. Cost Center Name: COMMUNITY HEALTH

Req. Date: 01/13/2023

Req. Cost Center No: 3305

Deliver To: MMC HEALTHY FUTURES

Header Notes: FAX TO 231-947-2436
FOR QUESTIONS CALL 231-935-8228

Item No	Quantity	Par UM	Item Description	Vendor Catalog	Mfg. Catalog
15969 PK OF 25	_____	0 PK	FORM 3118 HEALTHY FUTURES ENV	3118	3118
15970 PK OF 50	_____	0 PK	FORM 3117 HEALTHY FUTURES LETT	3117	3117
15988 PK OF 50	_____	0 PK	FORM 3116 HEALTHY FUTURE ENROLLMENT BROCHURE	3116	3116
18688 PK OF 25	_____	0 PK	FORM 3438 HF DATA WORKSHEET	3438	3438

ORDERS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION
CONTACT PERSON
ADDRESS
PHONE NUMBER

Extraction

Cost Center IN MUNSON MEDICAL CENTER - 3305 COMMUNITY HEALTH