

WYOMING COUNTY COMMUNITY HOSPITAL
WARSAW, NEW YORK

STOREROOM SUPPLY REQUISITION FORM/INVOICE

Department Name: _____

Date: _____

Contact Name: _____

Contact Phone #: _____

DESCRIPTION	ITEM #	QUANTITY	COST
2 X 2 Gauzes	80001087		
4 X 4 Gauzes-dressing	80001629		
5 X 9 Abd Pads	1100090		
Triangular Bandages	1100299		
Tape Size:			
Gloves Size: Small	80007743		
Medium	80007742		
Large	80007741		
XLarge	80007747		
Ice packs	80000545		
1000 ml Sterile Water	41600023		
IV tubing	1100661		
Extension sets	80001281		
Jelcos Size: 22 gauge	1100892		
20 gauge	1100889		
18 gauge	1100890		
1000 ml Normal Saline (IV)	41600016		
Other:			
Total Amount Due			\$

**Must have tax exempt form on file or tax will be included