MAIL TO ADDRESS:

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
FORMS MANAGEMENT SECTION
P.O. Box 94095
Baton Rouge, Louisiana 70804-9095

SHIP TO ADDRESS:

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION
FORMS MANAGEMENT SECTION
950 Brickyard Lane
Baton Rouge, Louisiana 70802
Ph. (225)219-9570 - Fax (225)219-9573

INVOICE TO		SHIP TO	
Agency Name		Agency Name	
Address		Street Address (Do Not Use P.O. Box No.)	
City, State, Zip Code		City, State, Zip Code	
Attention		Attention	Phone

IMPORTANT INSTRUCTIONS

ALL ITEMS ON THIS REQUISITION WILL BE CHARGED TO THE AGENCY AND COST CENTER NUMBER AS SHOWN. ONLY ONE COST CENTER PER REQUISITION (NO SPLIT BILLING). ORDER CANNOT BE PROCESSED WITHOUT A PHYSICAL STREET ADDRESS, PHONE NUMBER AND COST CENTER OR PURCHASE ORDER NUMBER. PLEASE CHECK THE APPROPRIATE BOX TO INDICATE IF ORDER IS TO BE PICKED UP OR SHIPPED AND IF INSIDE DELIVERY IS REQUIRED. MAIL OR MESSENGER THE WHITE COPY AND RETAIN THE GREEN COPY FOR YOUR RECORDS. THANKS FOR YOUR ASSISTANCE AND YOUR PATRONAGE.

DATE ORDERED	REQUESTED DELIVERY DATE	REQUISITIONED BY	CONTACT PHONE NUMBER
			( )

DELIVERY ADDRESS PHONE NUMBER	AGENCY COST CENTER NUMBER	MUNICIPAL PURCHASE ORDER NUMBER
( )		

ORDER TO BE: ☐ Picked Up By Agency ☐ Shipped ☐ Inside Delivery Required

UNITS/PACKS ORDERED	FORM NUMBER	FORM NAME	REVISION DATE

WAREHOUSE REQUISITION
DA FM 1
Rev 10/01

WHITE COPY - FORMS MANAGEMENT GREEN COPY - AGENCY