

Setup Click to add an agency or group name

RESOURCE REQUEST MESSAGE (ICS 213 RR)

Incident Name as provided by ACS EC/RO.

1. Incident Name

2. Date/Time

Load ICS213RR Data Form Info

Date and time (24Hr Local) that request was submitted.

Site Unique Request number. Use Tactical Call Sign followed by serial number (e.g., BOCA CIEGA HIGH-001)

3. Resource Request Number

REQUESTER

4. Order Use additional forms when requesting from a different source or vendor to fill request (s)

Enter Quantity, Detailed Description, and Requested delivery Date/Time (24Hr Local) for each item (e.g., One line for Blankets, a second line for cots, etc.)

Detailed Item Description; Vital characteristics, brand, specs, experience, size, etc.				Needed Date/Time (local 24 hr)		
Qty	Kind	Type	Item Description	Requested	Estimated	Cost

Location where requested items are to be delivered.

5. Delivery/Reporting Location

6. Substitutes and/or Suggested Sources

Served Agency Partner Requesting material (e.g., Shelter Administrator); NOT the ACS/ARES® Operator.

7. Requested by Name/Position

8. Priority  Low  Routine  URGENT

Priority determined by Served Agency Partner; NOT the ACS/ARES® Operator.

Served Agency Partner Authorizing Request (e.g., Shelter Manager)

9. Section Chief Name for Approval

LOGISTICS

10. Logistics Order Number

11. Supplier Phone/Fax/Email

12. Name of Supplier 12A. Point of Contact

13. Notes

14. Name of Auth Logistics Rep 15. Date/Time Click to Add Date/Time

16. Order Was Requested By Indicate Unit / Section or Person who is to get this order.

FINANCE

17. Reply/Comments from Finance

18. Finance Section Chief Name 19. Date/Time Click for Date/Time

Save ICS213RR Data Submit Reset Form