



ACT
Government
Health

QUICK FAX ORDER FORM
(STOCK RELATED REQUESTS ONLY PLEASE)

			Supply Use Only	
Email To: acthealthsupply@act.gov.au				
Organisation Name:		Section Name:		
Cost Centre:	6955	Delivery Code:	Y	
Customer Contact Name:		Customer Phone No.:		
No. of Pages in this Order:				

Priority (Tick one box **OR** Double Click to CHECK)

ROUTINE (Delivery 2-5 business days) <input type="checkbox"/>	URGENT (Delivery Next Available Truck) <input type="checkbox"/>	EMERGENCY (Life threatening [requires notification] Please Call 62050812) <input type="checkbox"/>	RETURN <input type="checkbox"/>
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Refer to the catalogue for correct Product ID and Unit of Issue

Line	Product ID	Quantity Required	Unit of Issue	Short Description / Reason for Return
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Signature	Printed Name	Date
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