### Other Request Details

**Detailed Specific Description**

*Facility: Type, Tent, Trailer Size etc.*

*Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team*

<table>
<thead>
<tr>
<th>Item #</th>
<th>Priority</th>
<th>Detailed Specific Description</th>
<th>Product (Ea, Cache, Team)</th>
<th>Quantity² Requested</th>
<th>Expected Duration of Use:</th>
<th>Quantity</th>
<th>Tracking #</th>
<th>Estimated Time of Arrival (Date &amp; Time)</th>
<th>COST</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Approved</td>
<td>Filled</td>
<td>Back-Ordered</td>
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</tbody>
</table>

**NOTE:** To be completed by the Level/Entity that fills the request (OA EOC, Region, State).

**Product:** Quantity

**Quantity:** Number of individual items, caches, strike teams, or resources needed.

**Priority:** (E)mergent <12 hour (RIMS: FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

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**Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):**

**Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.):**

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² QUANTITY

³ PRIORITY