



Forms Request

Type or print clearly.

You must attach two (2) samples.

2. REQUESTING OFFICE (MUST INCLUDE MAIL STOP)

1. Use a separate request form for each supplier (check supplier below):

Fulfillment Center, Department of Printing, Mail Stop 47102, PO Box 798, Olympia WA 98507-0798. **The preferred method of ordering for the Fulfillment Center is on-line at www.prt.wa.gov.**

Forms and Records Management, Mail Stop 45805, PO Box 45805, Olympia WA 98504-5805.

You must attach two (2) samples.

Check the FRMS Intranet website at <http://asd.dshs.wa.gov/FRMS/FRMS-download.htm> and the Internet site at <http://www1.dshs.wa.gov/msa/forms/eforms.html> for your forms.

USE A SEPARATE FORM FOR EACH "SHIP TO" LOCATION.

SHIP TO:
 3. Name of office or organization: _____
 4. Mail Stop: _____
 5. **ATTN:** _____
 6. Telephone number: _____
 7. Fax number: _____

8. STREET ADDRESS (PO BOX IS UNACCEPTABLE)
 Street address: _____
 City: _____
 State: WA Zip Code: _____

You must attach two (2) samples. Your order will not be processed without samples.

9. LINE NO.	10. FORM NO.	11. QUANTITY WANTED	12. FORM TITLE OR ITEM DESCRIPTION	13. TWO SAMPLES ATTACHED
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				<input type="checkbox"/>
11				<input type="checkbox"/>
12				<input type="checkbox"/>

14. OTHER INSTRUCTIONS

DATE RECEIVED

15. NAME OF REQUESTOR

16. TELEPHONE NUMBER

17. DATE