



Disaster Requisition – Form 6409

<b>DR #(if applicable):</b> DRILL DRILL	<b>DR Name:</b> ARC EmComm Sim	<b>Date:</b> 5/30/20	<b>Requisition #</b> TEST TEST
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<b>Requester Name:</b> Ham to fill in their name	<b>Signature:</b>
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<b>Title:</b> Ham to fill in Callsign	<b>Phone:</b> RMS station callsign
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**Delivery Information**

<b>Site POC Name:</b> Ham Ares Section	<b>Phone:</b>	<b>E-mail:</b> Ham email
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<b>Address:</b> Enter station affiliation: ARC, ARES, SATURN, RACES, Other
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<b>City:</b> Nearest ARC office (city)	<b>State:</b> ARC office (State)	<b>Zip:</b> Fill in your actual
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**Description of product(s) and/or service(s)**

Stock No.	Quantity	Unit of Measure (EA/PK/CS/BX)	Total Qty (Each)	Description	Date Needed
ATT5	2	CS	20	Cellphone	6/1/20
LTOP4	2	CS	12	Laptop	6/2/20
VHAM3	3	CS	3	VHF Ham Base Station	6/3/20
VANT3	1	CS	4	VHF Ham Antenna	6/4/20

**Special Instructions:**  
 Read IAP and ARC ICS 204! Ham to describe operating station (fixed, mobile, go kit,...), Mode (HF, VHF, UHF) software (FLDIGI, WINLINK, NBEMS, Other), Emergency Power (battery, generator, solar, other). Send completed form to Divisional Clearinghouse, NATARC-1, ARES-DRILL, W1ARC, CTRIDST@redcross.org

**The following information must be filled in by the APPROVER ONLY:**

Approval includes: verification of need; need consistent with Service Delivery Plan and budget.

<b>Approver Name:</b> Team Name	<b>Signature:</b>
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<b>Title:</b> Your County	<b>Phone:</b> Your State
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**Procurement Method (This section is optional)**

Account string to charge: A R C - 0 5 3 0 - 2 0 - A R E S - D R L L L - 2 0 2 0

Procurement tool to use:  Donation  ReQuest  Concur Invoice  P-card  Transfer  Loan

Other: (explain): Source from ARC Technology Warehouse and ARRL