San Bernardino County Department of Behavioral Health

Requisition for Bulk or Stock Medication

DBH Clinic:	Date:			
Clinic Cost Center:	Requisition for: Bulk Meds Stock Meds			
Medication Description	Quantity	Unit Measure	Unit Cost	Total Cost
Approving Clinic Medical Director	/Designee:			
Print Name		Sign		Date
DEA Number:		License Number:		
Medical Director Approval:				
Print Name		Sign		Date
Medication Received By:				
Print Name		Sign		 Date