

COUNTY FORMS ORDER

(Instructions on Reverse)

From e-mail: _____

TO: CDSS Warehouse, 3705 Seaport Blvd #140, West Sacramento, CA 95691

FOR:

COUNTY CODE	PERSON TO CONTACT	DATE
TELEPHONE NUMBER ()	AUTHORIZING SIGNATURE	

BILL TO:	SHIP TO:
AGENCY	AGENCY, OFFICE OR SECTION
ADDRESS	STREET ADDRESS AND ROOM NUMBER
CITY STATE ZIP	CITY STATE ZIP

LINE	FORM CATALOG NUMBER			TITLE OR CATALOG DESCRIPTION	QUANTITY WANTED	UNIT OF ISSUE	PRICE PER UNIT OF ISSUE	PRICE PER FORM ORDER	PROCESS CODE (Over)	TYPE OF ORDER	
	PREFIX	NUMBER	SUFFIX							<input type="checkbox"/> REGULAR	<input type="checkbox"/> EMERGENCY
1											DATE RECEIVED
2											FILLED BY: DATE:
3											PACKED BY: DATE:
4											PRICES WEIGHT:
5											VIA B/L
6											DATE: BY:
7											REMARKS
8											
9											
10											
11											

TOTAL ORDER: \$	ADJUSTED ORDER: \$
------------------------	---------------------------

INSTRUCTIONS

1. Use this order for forms listed in the county forms catalog.
2. Print clearly or type in duplicate.
3. Complete all spaces except shaded areas.
4. List forms in forms catalog sequence.
5. **FREE/SOLD** forms and numbered publication can be on the same order.
6. Make separate line entries (white area) for each form ordered.
7. Route original to the Social Services Warehouse. Retain one for a suspense copy.
 - A. Original, warehouse file.
 - B. Suspense Copy.

PROCESS CODE LEGEND

Action taken by the warehouse will be found in the process code column on the front of this order. The following codes explain the action taken on your order.

- A—Cancelled, an all office shipment pending.
- B—Back ordered, will be shipped when available.
- C—Cancelled, item not furnished.
- D—Cannot identify, check forms catalog for form number, or send sample.
- G—Quantity reduced, amount requested appears excessive, please reanalyze usage of this item.
- I—Quantity changed due to packaging.
- K—Quantity reduced; Stock low—reorder when needed.
- L—Form Obsolete.
- R— _____
- _____
- _____
- _____
- _____
- _____
- _____

SAMPLE ENTRY

PREFIX	NUMBER	SUFFIX	TITLE OR CATALOG DESCRIPTION	QUANTITY OF ISSUE	UNIT OF ISSUE
ABCD	239	A	NOTICE OF PROPOSED ACTION	10	
DFA	285.1	SPAN	INCOME FROM FARM OPER. AND OTHER SELF-EMPL.	5	