INVENTORY TRANSACTION FORM

Children's Hospital LOS ANGELES
We Treat Kids Better

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DATE	NAME OF REQUESTOR	DIST. TYPE (COST CENTER)	PROJECT#	BUDGET REF#
		9732		

DISTRIBUTION TECH PICKING ORDER	DEPT	DELIVERY LOCATION	PHONE:
	OUTREACH-PATH &LAB MEDICINE		

***If project charged, fill out the project & budget ref#**

CHLA ITEM#	DESCRIPTION	QTY REQUESTED	UOM	QTY FILLED	COMMENTS