General Message Form (ICS 213)

1. Incident Name (Optional)**:**		
2. To (Name and Position)**:** ORDERING MANAGER		
3. From (Name and Position)**:** COMMUNICATIONS		
4. Subject: **Supplies**	**5. Date:** **8/18/XX**	**6. Time** **1400 HRS**

7. Message:

PLEASE ORDER THE FOLLOWING SUPPLIES:

25,000 EA - "AA" BATTERIES - NFES #0030
96 EA - BATTERY CLAMSHELLS - NFES #1034
24 EA - 7.5 VOLD REPEATER BATTERIES - NFES #1023

DELIVER TO (NAME OF INCIDENT) INCIDENT COMMUNICATIONS ON 8/19/XX BY 1200 HRS.

(555) 222-1212

8. Approved by: Name: S. MOLDUNE Signature: _____ Position/Title: COML

9. Reply:

10. Replied by: Name: _____ Position/Title: _____ Signature: _____

ICS 213 Date/Time: _____

This Page is Intentionally Left Blank.

General Message Form (ICS 213)

1. Incident Name (Optional)**:**		
2. To (Name and Position)**:** ORDERING MANAGER		
3. From (Name and Position)**:** COMMUNICATIONS		
4. Subject: **EQUIPMENT**	**5. Date:** **8/18/XX**	**6. Time** **1400 HRS**

7. Message:

PLEASE ORDER THE FOLLOWING EQUIPMENT:

1 - STARTER SYSTEM - NFES #4381
6 - COMMAND RADIO KITS - NFES #4381
1 - LOGISTICS RADIO KIT - NFES #4244

PLEASE DELIVER TO (NAME OF INCIDENT) INCIDENT COMMUNICATIONS ON 8/19/XX BY 1200 HRS.

(555) 222-1212

8. Approved by: Name: S. MOLDUNE Signature: _____ Position/Title: COML

9. Reply:

10. Replied by: Name: _____ Position/Title: _____ Signature: _____

ICS 213 Date/Time: _____

This Page is Intentionally Left Blank.

General Message Form (ICS 213)

1. Incident Name (Optional)**:**		
2. To (Name and Position)**:** ORDERING MANAGER		
3. From (Name and Position)**:** COMMUNICATIONS		
4. Subject: **PERSONNEL**	**5. Date:** **8/18/XX**	**6. Time** **1400 HRS**

7. Message:

PLEASE ORDER THE FOLLOWING PERSONNEL:

5 - RADOs - RADIO OPERATORS
1 - INCM - INCIDENT COMMUNICATIONS CENTER MANAGER
1 - COMT - INCIDENT COMMUNICATIONS TECHNICIAN

NEEDED BY 8/19;XX @ 1200 HRS

REPORT TO (NAME OF INCIDENT) INCIDENT COMMUNICATIONS UNIT.

(555) 222-1212

8. Approved by: Name: S. MOLDUNE Signature: _____ Position/Title: COML

9. Reply:

10. Replied by: Name: _____ Position/Title: _____ Signature: _____

ICS 213 Date/Time: _____

This Page is Intentionally Left Blank.

General Message Form (ICS 213)

1. Incident Name (Optional)**:**		
2. To (Name and Position)**:** ORDERING MANAGER		
3. From (Name and Position)**:** COMMUNICATIONS		
4. Subject: **PHONE LINES**	**5. Date:** **8/18/XX**	**6. Time** **1400 HRS**

7. Message:

PLEASE ORDER THE FOLLOWING:

20 - PHONE LINES - LOCAL PROVIDER
2 - DSL LINES - LOCAL PROVIDER

DELIVER TO (NAME OF INCIDENT) INCIDENT COMMUNICATIONS ON 8/19/XX BY 1200 HRS.

(SEE COML FOR PHONE AND DSL INSTALLATION INFORMATION)

(555) 222-1212

8. Approved by: Name: S. MOLDUNE Signature: _____ Position/Title: COML

9. Reply:

10. Replied by: Name: _____ Position/Title: _____ Signature: _____

ICS 213 Date/Time: _____

This Page is Intentionally Left Blank.

General Message Form (ICS 213)

1. Incident Name (Optional)**:**		
2. To (Name and Position)**:** T. WILSON / ORDERING MANAGER		
3. From (Name and Position)**:** D. HILL / GSUL		
4. Subject: **FUEL TRUCK**	**5. Date:** **5/1/XX**	**6. Time** **1100 HRS**

7. Message:

REQUEST THE FOLLOWING:

(1) 4000 gal. fuel tender split load, 2000 gal gasoline, 2000 gallons diesel, with two operators and spill protection
(1) Mechanic with tools and a truck for repair of heavy equipment assigned to the incident
10 cases of 10-40 wt oil for diesel engines
Deliver to the Earthquake base on 5/2/xx @ 0600
Contact on the logistics radio.

(555) 222-1212

8. Approved by: Name: D. HILL Signature: _____ Position/Title: GSUL

9. Reply:

10. Replied by: Name: _____ Position/Title: _____ Signature: _____

ICS 213 Date/Time: _____

This Page is Intentionally Left Blank.