



Bureau of TB and Refugee Health
A.G. Holley State TB Hospital

TB INCENTIVE / ENABLER SERVICE
REQUEST / RECEIPT FORM

MONTH: _____ YEAR: _____

COUNTY: _____



TYPE OF VOUCHER:

REQUEST

TO BE COMPLETED BY TB PROGRAM MANAGER OR
AREA TB COORDINATOR:

Total # of vouchers requested* _____

Total value of request \$ _____

Signature _____

Title _____

Date _____

*Refers to actual number of vouchers requested. For example, books of 5
would be counted as 5 vouchers requested rather than as 1 voucher.

Note: Request forms must be accompanied by a completed VOUCHER
WORKSHEET.

RECEIPT

TO BE COMPLETED BY BUREAU OF TB AND REFUGEE HEALTH STAFF:

Total # of vouchers forwarded _____

Voucher serial #'s _____

Signature _____

Title _____

Date _____

TO BE COMPLETED BY TB PROGRAM MANAGER OR
AREA TB COORDINATOR:

Total # of vouchers received _____

Signature _____

Title _____

Date _____

Note: Upon receipt of products, please fax this completed form to the
Bureau of TB and Refugee Health at:
(850) 921-9906 or Suncom 291-9906