

Form G-615 (7-96)  United States of America Railroad Retirement Board  Employer's Supply Requisition	Prepare two copies, keep the second copy and forward the first copy to:  U.S. Railroad Retirement Board 844 North Rush Street Chicago, Illinois 60611-2092 Attn: Stockroom Foreman	RRB Requisition Number
		Date of Requisition
		Requisitioned by
		Title

Please ship to: (Give full name and address)

Employer

Phone:

Form Number	Description	Unit of Issue	Quantity	
			On Hand	Required
AA-11A	Designation for change of beneficiary for residual lump sum	Each		
AA-12	Notice of death and statement of compensation	Each		
BA-3A	Annual report of creditable compensation	Each		
BA-4	Report of creditable compensation adjustments	Each		
BA-6A	Form BA-6 address report	Each		
BA-9	Report of separation allowance or severance pay	Each		
BA-10	Report of miscellaneous compensation and sick pay	Each		
BA-11	Report of gross earnings	Each		
DC-1	Employer's quarterly report of contributions under the Railroad Unemployment Insurance Act	Each		
G-3EMP	Report of medical condition by employer	Each		
G-70	Protest of record of service months and compensation	Each		
G-88A	Retirement contact form	Each		
G-88P	Employer's Supplemental Pension Report	Each		
G-440	Report specifications sheet	Each		
G-615	Employer's supply requisition	Each		
IB-2	Booklet - Railroad retirement and survivor benefits	Each		
ID-3S	Request for lien Information/Report of Settlement	Each		
ID-3U	Request for Section 2(f) Information	Each		

Form Number	Description	Unit of Issue	Quantity	
			On Hand	Required
RB-3	Booklet - Furnishing evidence to support your claim	Each		
RB-20	Leaflet - Medicare for railroad workers and their families	Each		
RB-23	Your Medicare handbook for railroad retirement beneficiaries	Each		
UB-9	Pamphlet - Railroad unemployment and sickness benefits	Each		
UB-10	Booklet - Unemployment benefit handbook for railroad employees	Each		
UB-11	Booklet - Sickness Benefit handbook for railroad employees	Each		
S040351	Blank brown envelope (9 1/2" x12")*	Each		

Use spaces below for any additional forms required, identify by form number and title


\* For use of labor organizations only

This section to be used by Railroad Retirement Board

Approved by	Date	Shipped by					Date shipped
Order filled by	Date	Express	Parcel Post	F.R. Mail			B/L Number
		How shipped			Weight		
Order checked by	Date	Box	Carton	Envelope		Pounds	Ounces
Order packed by	Date						