# State of Texas Assistance Request (STAR)

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|---|---|---|---|---|
| Form template URL | | | | |
| Form Type | STAR | | | |
| | | | | |

| Field Name | Field ID | Required | Mandatory Values | Description |
|---|---|---|---|---|
| Type of Request | 1 | | Live or Training | |
| STAR Number | 2 | | | |
| Requested by Name | 3 | | | |
| Requested by Position | 4 | | | |
| Requestor Phone Number | 5 | | | |
| Requesting Entity | 6 | | | |
| Requestor email | 7 | | | |
| Requesting City | 8 | | | |
| Description: Request | 9 | | | |
| Description Quantity | 10 | | | |
| Description Unit | 11 | | Case, Each, Gallon. Pallet, Pound, Ton, or other | |
| Description When needed | 12 | | | |
| Description consumable/returnable | 13 | | Consumable/Returnable | |
| Description How long | 14 | | | |
| Description How long unit | 15 | | | |
| Request Description | 16 | | | |
| Justification | 17 | | | |
| Delivery Address Facility Name | 18 | | | |
| Delivery Address Facility Address | 19 | | | |
| Delivery Address Facility City | 20 | | | |
| Delivery Address Facility State | 21 | | | |
| Facility Address Facilioty Zip | 22 | | | |
| Facility Address Facility Longitude | 23 | | | |
| Facility Address Facility Latitude | 24 | | | |
| Facility Address additional information | 25 | | | |
| Facility Address Point of Contact Name | 26 | | | |
| Facility Address Point of Contact Phone | 27 | | | |
| Facility Address Point of Contact Email | 28 | | | |
| Facility Address Point of Contact FAX | 29 | | | |
| Requestor Signature | 30 | | | |
| Request date | 31 | | | |
| Request Time | 32 | | | |
| DDC signature | 33 | | | |
| DDC date | 34 | | | |
| DDC time | 35 | | | |
| Routing Options Submit Request for Approval | 36 | | Yes/blank | |
| STAR Status | 37 | | Cancel, Filled. Not filled, routing, submitted for approval, working, other | |
| Create action for this Star | 38 | | Yes/blank | |
| Fill Action Form Action Number | 39 | | | |
| Fill Action Form Action Number (2) | 40 | | | |
| Filler by Name | 41 | | | |
| Filler by Positon | 42 | | | |
| Fill Action New Item | 43 | | | |
| Fill Action Qty Filled | 44 | | | |
| Fill Action Unit | 45 | | Case, each, gallon, pallet, pound, ton, other | |
| Estimated cost | 46 | | | |
| Estikmated date/time of arrival | 47 | | | |
| For how long consumable/returnable | 48 | | Consumable/Returnable | |
| For how long number | 49 | | | |
| For how long unit of time | 50 | | Hours, Days, Weeks, Months | |
| Fill Action phone number | 51 | | | |
| Fill Action email | 52 | | | |
| Action Status | 53 | | Cancel, Filled, Not Filled, Routing, Submitted for Approval, Working, other | |
| Notes | 54 | | | |
| Acton Requestor Signature | 55 | | | |
| Action Requerstor Date | 56 | | | |
| Action Requestor Time | 57 | | | |