Requisition for Supplies

To: *Supply Clerk, Service Building Phone ext. 2537 Fax # 2370*

SUPPLY ROOM USE ONLY

Date Rec'd _____

Date Filled _____

Amount _____

Initials _____

Date: _____ Department: _____

Department Account: # _____

Requested by: _____

Signature of Department Head: _____

Building: _____ Room: # _____ Phone: # _____

Article	Description	Quantity	Price Per Unit	Total

Submit **two** copies to the supply room; one copy will be returned with your order.