

**Distribution Services Supplies Requisition**  
**TO BE COMPLETED BY REQUISITIONING DEPARTMENT:**

Prepared By: _____	Phone No: _____
Return Req to: _____	Date: _____
Authorization Signature: _____	
Department/Organization: _____	
Room#/Location for Delivery: _____	

**TONER**

ITEM#	QTY	UNIT	DESCRIPTION

**ALL OTHER SUPPLIES (PAPER, LETTERHEAD, ETC.)**

ITEM#	QTY	UNIT	DESCRIPTION

**FOAPAL TO BE CHARGED (Debited)**

RULE CODE	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	AMOUNT INCLUDES TAX

**ORDER RELEASED BY:** \_\_\_\_\_ **TOTAL**

**DATE:** \_\_\_\_\_