# OFFICE SUPPLIES REACQUISITION FORM

From: Date:

Department: Approved By:

Building: Account Number:

Room Number: Extension:

***If requesting multiple amounts of supplies please include the name of the faculty or staff requesting the item.***

| Supply Requestor | Quantity Requested | Item Description | Quantity Issued |
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**FOR STORE USE ONLY**

Order Picked by: Date:

Email: mailsupply@farmingdale.edu Manager: Nicholas Acevedo – Ext: 5106

Phone: Ext: 5597 or Ext: 5540 Supervisor: Joanne Lieder- Ext: 2118