**REQUEST FOR OFFICE SUPPLIES**

From:

Department:

Building:

Room Number:

Date:

Approved By:

Account Number:

Extension:

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| Code | Quantity  Requested | Item Description | Quantity  Issued |
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**FOR STORE USE ONLY**

Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Issued By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_