

ENCSD Warehouse Supply Request Form

Name: _____

Date of Request: _____

Dept.: _____

The Warehouse reserves all right to fulfill the order with comparable items. Please complete the form and deliver your request to Tommy Bland in the Warehouse. The hours of operation are Mon. thru Fri. 8:00-4:30

	Item Description	Quantity (e.g. Dozen, Each, Case, Pack, etc.)	Available (Check)	Not Available (Check)	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Contact Person: _____
 Supervisor
 Printed Name: _____
 Supervisor
 Signature: _____

Received By: _____
 Department: _____
 Signature: _____

Date: _____

Date: _____

INSTRUCTIONS TO COMPLETE THE FORM:

Requestor: Please complete the following areas:

- Name
- Dept.
- Date of Request
- Item Description- please provide details
- Quantity
- Contact Person
- Approved By
- Signature
- Date:

Warehouse : To be completed by the Warehouse Assistant:

- Available
- Not Available
- Comments
- Received By
- Department
- Signature
- Date