

Supplies Requisition Form

(Please print all information)

Organization: _____

Requestor Name: _____

Signature: _____

(When items are received)

Check	Item	Specification	Quantity
	Pens		
	Highlighters		
	Markers		
	Pencils		
	Chalk		
	Erasers		
	White-Out		
	Binder Clips		
	Paper Clips		
	Rubber Bands		
	Thumb Tacks		
	Tape		
	Staples		
	Glue		
	Memo Pads		
	Post-Its		
	Legal Pads		
	Construction Paper		
	Posterboard		
	Labels		
	Envelopes		
	Folders		
	Dividers		
	Binders		
	Sheet Protectors		
	Scissors*		
	Staple Remover*		
	Stapler*		
	Tape Dispenser*		
	Hole Punch*		

* One per organization per year

Approve () Revised () Denied ()

SORC Approval

Date