

## Distribution Services

TO BE COMPLETED BY REQUISITIONING DEPARTMENT:

Prepared By: _____	Phone No: _____
Return Req to: _____	Date: _____
Authorization Signature: _____	
Department/Organization: _____	

### 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: \_\_\_\_\_