

Distribution Services

TO BE COMPLETED BY REQUISITIONING DEPARTMENT:

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

PAPER

ITEM#	QTY	UNIT	DESCRIPTION

STATIONERY

ITEM#	QTY	UNIT	DESCRIPTION

FOAPAL TO BE CHARGED (Debited)

RULE CODE	FUND	ORG	ACCOUNT	PROGRAM	ACTIVITY	AMOUNT INCLUDES TAX

ORDER RELEASED BY: _____

TOTAL

DATE: __