



## SUPPLIES REQUEST FORM

Requested by: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Dept. Code:

Campus Code:

Sub. Dept. Code:

Expense Code:

Reference No.: \_\_\_\_\_

*\*IT use only*

Qty	Item	Purpose	No. PO

\_\_\_\_\_  
Purchasing Officer

\_\_\_\_\_  
Office Manager

\_\_\_\_\_  
Direct Supervisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
CEO

\_\_\_\_\_  
Finance Controller