

ASC Requisition Form

Please use this form when requesting office supplies from ASC

Date Submitted: _____

Date Needed: _____

Initiator: _____

Department: _____

Account #: _____

Phone Ext: _____

ASC Approval: _____

Email: _____

SUPPLIES

Please circle what supplies & indicate the quantity you need

8.5x11 copy paper: Ream(s) Case(s) Quantity: ____ Cost: _____

8.5x11 color paper: Color: _____ Quantity: ____ Ream(s) or Sheet(s) Cost: _____

8.5x11 cardstock: Color: _____ Quantity: ____ Ream(s) or Sheet(s) Cost: _____

Ink Cartridge: Cartridge#: _____ Ink Color: _____ Quantity: ____ Cost: _____

Fuser Module : Fuser#: R1 R2 Quantity: _____ Cost: _____

SAU #10 Envelopes: Box or Individual Quantity: _____ Cost: _____

SAU #10 Window Envelopes: Box or Individual Quantity: ____ Cost: _____

SAU Large Envelopes: Box or Individual Quantity: ____ Cost: _____

SAU Folders Case or Individual Quantity: ____ Cost: _____

Other Supplies Not Listed: _____ Cost: _____

TOTAL COST: _____