STORES REQUISITION

Requisition No. _____

Department _____ Date _____

Floor or Division _____ Date Required _____

QUANTITY		DESCRIPTION OF SUPPLIES NEEDED	TO BE USED IF PERPETUAL INVENTORIES ARE KEPT						
WANTED	DELIVERED		PRICE	PER	AMOUNT				ACCT. NO.

Requested By _____ Approved By _____

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SEND ORIGINAL TO STORE ROOM
RETAIN DUPLICATE

STORES REQUISITION

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