

Office Supplies Requisition Order Form

Requestor Information

Name:	<input type="text"/>	Department:	<input type="text"/>
Date:	<input type="text"/>	Contact Number:	<input type="text"/>

Requested Items

#	Description of Item	Quantity	Unit	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Approval

Requested By:	Date:	Approved By:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Please ensure all information is accurately filled. All requisitions must be approved before procurement.