

# 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:	<input type="text"/>	Date:	<input type="text"/>	Approved By:	<input type="text"/>	Date:	<input type="text"/>
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**Note:** Please ensure all information is accurately filled. All requisitions must be approved before procurement.