PAGE_____OF_____

FACILITIES
MATERIAL REQUEST

DATE:_____

ORIGINATOR:_____ PURCHASE REQUEST# _____

ACCT.# _____ _____ PURCHASE ORDER # _____
(signature)

WORK ORDER: _____ TASK CODE: _____

COMPANY: _____ DATE REQUIRED: _____

POC email (EMAIL/PHONE #): _____

REMARKS: _____ QUOTE#: _____

ITEM#	DESCRIPTION/SPECIFICATION	QUANTITY	UNIT COST	TOTAL COST

REQ#	Stores Use	TOTAL: $
Date Ordered:		INV SENT TO DTS
Contact Name:		PAID DATE:
ETA:		TMA:
Pick Up: Yes No		PO Log:

Copies: File (white) - Stores - (Yellow) - Originator (Pink)

Rev. 2/20/20