**INVENTORY REQUISITION
FORM TEMPLATE**

|  |  |  |  |  |
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| **YOUR LOGO** |

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 |  | INVENTORY |
|   |  | REQUISITION |
| **REQUESTED BY** | **DEPARTMENT** |  |  | **DATE REQUESTED** |
|   |   |  |  |   |
| **PURPOSE / USE** |  |  | **DATE NEEDED** |
|   |  |  |   |
| **VENDOR NAME** | **POINT OF CONTACT** |  |  | **CHARGE TO** |
|   |   |  |  |   |
| **VENDOR ADDRESS** |  |  | **SHIP VIA** |
|   |  |  |   |
| **VENDOR PHONE** |  |  |  |
|   |  |  |  |
|  |  |  |  |  |
| **ITEM NO.**  | **DESCRIPTION** | **QTY** | **ISSUED** |
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| DEPARTMENTAL USE ONLY |  |  |  |
|  |  |  |  |
| **APPROVALS** |  |  | **APPROVED?** | **VENDOR EIN ON FILE?** |
| **NAME 1** | **SIGNATURE 1** | **DATE** | **YES** | **YES** |
|   |   |   |   |   |
| **EMAIL** | **PHONE** | **ADDRESS** |
|  |  |  |
| **NAME 2** | **SIGNATURE 2** | **DATE** | **NO** | **NO** |
|   |   |   |   |   |
| **EMAIL** | **PHONE** | **ADDRESS** |
|  |  |  |
| **P.O. NUMBER** | **EIN OR SSN** |
|  |  |
| **COMMENTS** |  |  |
|   |

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