

## Central Supply Warehouse Addition Request

Please type or print information clearly

**Requester**

|                   |                  |                       |
|-------------------|------------------|-----------------------|
| 1. First Name     | 2. Last Name     | 3. Title              |
| 4. E-mail Address | 5. Telephone No. | 6. Program Area Title |
| 7. Signature      |                  | 8. Date               |

**Item Information**

|  |                            |
|--|----------------------------|
| 9. Item Description  |                            |
| 10. Item Catalog No.   | 11. Item Cost              |
| 12. Manufacturer/Distributor of Item   | 13. Estimated Yearly Usage |
| 14. Additional Pertinent Information   |                            |
| 15. Period of Time to Be Stocked <input type="checkbox"/> No End Date <input type="checkbox"/> End Date: |                            |

**Note:** If approved, the requester will be responsible for notifying the Central Supply Warehouse (CSW) supervisor if this item is no longer required. The requester will also be required to take delivery of any items still remaining in the CSW inventory.

## **Central Supply Warehouse Addition Request – Instructions**

1. First name of the requester.
2. Last name of the requester.
3. Title of the requester.
4. E-mail address of the requester.
5. Complete telephone number of the requester.
6. Program area title.
7. Signature of the requester.
8. Date authorized.
9. Description of the item requested.
10. Catalog number of the item requested.
11. Cost of the item requested.
12. Manufacturer/distributor of item requested.
13. Estimated yearly usage of item requested.
14. Additional pertinent information on the item requested.
15. Period of time for the item requested to be stocked.