



Department of Facilities Management

Ministry of Communications and Works

SUPPLIES REQUISITION FORM

GENERAL INFORMATION (All fields must be completed)

NAME: _____

DEPT/MINISTRY/ORGANIZATION: _____

CONTACT NUMBERS: (1) _____ (2) _____ EMAIL: _____

TYPE/NATURE OF EVENT: _____

EVENT DATE: _____ LOCATION: _____

PICK UP DATE _____ TIME: _____ RETURN DATE: _____ TIME: _____

I understand and agree that:

- Request for supplies should be submitted no later than 2 days prior to the date of event.
- I am responsible to provide transportation for pick-up and delivery of supplies.
- Dept./Ministry/Organization will be responsible for any repairs or replacement of supplies borrowed.

SIGNATURE: _____ DATE: _____

TYPE OF SUPPLIES	REQUEST	GIVEN	REMARKS
Folding Tables:			
Stackable Chairs:			
Other:			
Other:			

ADMINISTRATIVE PURPOSE ONLY

APPROVED BY: _____ DATE: _____

DENIED REASON: _____

Requisition Officer OUT

Requisition Officer IN

Officer (Print) _____ Officer (Print) _____

Time: _____ Time: _____

Date: _____ Date: _____

Condition Good Damaged Poor Condition: Good Damaged Poor

Signature: _____ Signature: _____