**Office Supply Requisition Form**

**Department : Bldg.#: Level:**

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| **Item No.** | **Serial No.** | **DESCRIPTION** | **Qty.**  **Demand** | **Unit** | **Existing**  **Qty.** | **Qty. Issued** | **Remarks** |
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| Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext.# \_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Verified by:  **Deputy Director of University Dental Hospital** Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| I hereby accord permission to issue the quantity shown above:  **Vice Dean, Director of University Dental Hospital** Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Quantity shown above is received by:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| The demanded quantity issued as required : (Warehouse Dept.)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |