

OFFICE SUPPLIES REQUISITION

SCHOOL: _____

DATE: _____

	ITEM NAME	QUANTITY
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	VISORS	
	SHOE COVERS: XS (5-7)	
	SHOE COVERS: S (7 1/2 - 9 1/2)	
	SHOE COVERS: M (10 - 12)	
	SHOE COVERS: L (Men's 10 1/2 - 12 1/2)	
	SHOE COVERS: XL (13-15)	
	COPY PAPER (CASES)	
	INK CARTRIDGES	