

NEW PRODUCT REQUEST FORM

Please Return Completed Form to the Purchasing Department

Date: _____ Campus / Department: _____

Contact: _____ Phone: _____

Reason for new product: _____

Product (include Brand Name): _____

Approximate Annual Usage and Order Quantity: _____

Description (include: Part #, sizes, colors & packaging): _____

Suggested Vendor Name & Phone Number: _____

For Purchasing Department Use Only

Approved by:

Date Added:

Stock Item Number:

Vendor: