

CENTRAL STAFF SUPPLY ORDER FORM

DATE: _____

CAMPUS: _____

DEPARTMENT: _____

CODE: _____

	ECC ITEM #	DESCRIPTION	QTY ORDERED		QTY	BACK
			QTY	UNIT OF MEASURE	DELIVERED	ORDER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

DATE FILLED: _____

REQUESTED BY: _____

FILLED BY: _____

DEPT HEAD APPROVAL: _____

RECEIVED BY: _____