



Furniture, Fixture, Equipment and Resources Request Form

Submitted By: _____

Date: _____

Signature:: _____

Type of Items	Furniture Fixture Equipment Resources Consumables (others, please specify)
Description of the required items.	
Reason for requesting the items	
Items available in stock?	Yes No Haven't checked
Proposed Vender, if any?	
Facility Manager	Comments: Name: _____ Signature: _____ Date: _____
Principal	Comments: Signature: _____ Date: _____