

CAMPUS CUSTOMER WAREHOUSE STOCK REQUEST

Requestor Information:

Requestor Name _____ Dept. Name: _____

Request Type: Add Item: ___ Delete Item: ___ Change Existing Stock: ___ - Stock #: _____

Could other departments use this item? _____ YES _____ NO

If yes, list depts. that would benefit from this item: _____

Item Description / Specifications:

Justification:

Recommended Min/Max:

MIN. to be in stock at all times: _____ **MAX** to be in stock at all times: _____

Recommended Vendors:

Vendor Name / Address: _____

Vendor Name / Address: _____

For Office Use:

Warehouse Approval: _____ Date: _____

Services Director Approval: _____ Date: _____

Purchasing (Accountant) Use Only:

Stock Number Assigned: _____ Unit of Measure: _____ Price: _____

Warehouse Senior Accountant Use Only:

Minimum _____ Maximum _____ Inventory Cycle Code: _____