

# STATIONARY ORDER FORM

Item code	Item Name	Item Description	Required Qty	Approved Qty	Purpose of requirements

*\* Above amount = \$150.00 – Required Approval Sign.*

Total Qty / box requirements: \_\_\_\_\_

Total estimated Amount: \_\_\_\_\_

Other charges, if applicable on purchase: \_\_\_\_\_

Transportation expenses, if applicable: \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Requested by: \_\_\_\_\_

Dept. \_\_\_\_\_ Designation \_\_\_\_\_ Sign. \_\_\_\_\_

Approved by: \_\_\_\_\_

Dept. \_\_\_\_\_ Designation \_\_\_\_\_ Sign. \_\_\_\_\_