



**REQUISITION FOR CONTRACT STATIONERY SUPPLIES**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Account Code: \_\_\_\_\_

ITEM	QUANTITY	UNIT COST	TOTAL
<b>TOTALS</b>			

\_\_\_\_\_  
 Purchasing Representative

\_\_\_\_\_  
 Department Representative

Note: The Department Representative must sign the form and email it to [purchasing@co.orange.tx.us](mailto:purchasing@co.orange.tx.us)