

CULVER CITY HIGH SCHOOL STAFF SUPPLY REQUISITION

NAME: _____

DEPARTMENT: _____

DATE: _____

ROOM NUMBER: _____

DEPARTMENT CHAIR SIGNATURE:

QUANTITY	ITEM (PLEASE DESCRIBE IN DETAIL)	<i>Office use only</i> DATE FILLED	<i>Office use only</i> ON ORDER

PLEASE NOTE

Requests will be filled on Fridays. Please plan ahead and do not stop by or send students to pick up supplies the same day