



A World of Opportunity

PURCHASE REQUISITION

COVID-19 PPE/HEALTH SUPPLY REQUEST

DATE SUBMITTED:

DEPARTMENT:

CONTACT EMAIL:

Vendor	COVID-19 PPE/HEALTH SUPPLY REQUEST	Business Office	
NO DEPARTMENTAL CHARGES FOR THESE ITEMS			
Orders should be placed with Purchasing/Mailroom by this request only LIMIT 2 on most items (Refill requests for Disinfecting Spray and Office Suite Hand Sanitizer may be placed through Facilities Work Order)			
ORDERS WILL BE FILLED IN 24 TO 48 HOURS PICK UP IN MAILROOM			

	DESCRIPTION	QTY	Notes
	Hand Sanitizer (8oz bottle)		
	Paper Towels (1 roll)		
	Disinfectant Wipes (1 container)		
	Powder Free Gloves – Size M (50pr box)		
	Powder Free Gloves – Size L (50pr box)		
	Powder Free Gloves – Size XL (50pr box)		
	Disposable Paper Face Masks (full box=50)		
Reason Necessitating Additional Supplies:			

SIGNATURES (need at least manager/chair level for approval)

1. _____

Requestor

PICKED UP BY:

2. _____

Department Chair/Manager or next level approver

Date