|  |  |
| --- | --- |
| **First and Family Name** |  |
| **Department or Unit** |  | **Position** |  |
| **Please Date and Sign** | / / | **Signature** |
| **Please briefly explain why you need this supply** |
|  | **List Supplies Needed Below** | **Quantity** | **Proposed Cost in****IQD** | **Proposed Cost in** **USD** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
|  | **TOTAL**  |  |  |  |
| **Approving Department Head or Immediate Supervisor** | **Signature** |
| **Approval of Purchase** | **Signature** |
| **Accounting Manager** | **Signature** |