|  |  |  |  |
| --- | --- | --- | --- |
| **First and Family Name** |  | **Room** |  |
| **Cell. Phone** |  |
| **Department or Unit** |  | **Position** |  |
| **Please Date and Sign** | / / | **Signature** |  |
| **Please briefly explain why you need this service, job or supply** |
|  | **List Services/Jobs/Supplies Needed Below** | **Quantity** | **Requested Date of Return** | **Proposed Cost inUSD** | **Proposed Fulfillment** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
|  | **TOTAL /**TOPLAM |  |  |  |  |
| **Approving Department Head or Immediate Supervisor** | **Signature** |
| **Approval of Purchase (if there is purchasing)** | **Signature** |
| **Accounting Manager** | **Signature** |
| **Media Marketing Manager** | **Signature** |
| **Public Relations Manager** | **Signature** |