|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |