

Stationery Requisition Form Word

Employee Information

- Employee Name: _____
- Department: _____
- Request Date: _____

Stationery Items

Description	Quantity	Unit Cost	Total Cost

Justification

- Purpose: _____

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- Usage: _____

Manager Approval

- Status: Approved Denied
- Manager's Signature: _____
- Approval Date: _____

Receipt Confirmation

- Received By: _____
- Date: _____