

**FACILITIES MANAGEMENT UNIT**  
**REQUISITION FORM FOR USAGE OF SUPPLIES**

(M) / (D) / (Y)

DATE : \_\_\_ / \_\_\_ / \_\_\_      Company/Department: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Requestor's Name: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_ (Office/Mobile) \_\_\_\_\_ (Fax)

TYPE OF SUPPLIES	No. NEEDED	No. PROVIDED	REMARKS
FOLDING TABLES			
FOLDING CHAIRS			
LECTERN			
P.A. SYSTEM			
PALMS			
FLAG & FLAG POLES			

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ @ \_\_\_\_\_ AM / PM

Duration of Supplies: To be picked up on \_\_\_\_\_

Will be returned on \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Approved

Not Approved

Remark: \_\_\_\_\_

Signature of Facilities Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please note the following;

1. Everyone is expected to provide transportation for the pick up and return of supplies.
2. Request of supplies is to be submitted no later than three days prior to the date of event.
3. If any item is damaged, you will be responsible for repairs or replacement.

The Management & Staff look forward to your cooperation.

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Facilities Staff assigned to distribute supplies: \_\_\_\_\_  
\_\_\_\_\_

Date & Time supplies was distributed: \_\_\_\_\_ / \_\_\_\_\_ (AM / PM)  
(Date) (Time)

Condition of Supplies:    ➤ Good    ➤ Dirty    ➤ Poor    ➤ \_\_\_\_\_

Person Receiving Supplies: \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Signature)  
\_\_\_\_\_ / \_\_\_\_\_ (AM / PM)  
(Date) (Time)

Facilities Personnel: \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Date)

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Facilities Staff receiving supplies if applicable: \_\_\_\_\_

Date & Time supplies was returned: \_\_\_\_\_ / \_\_\_\_\_ (AM / PM)  
(Date) (Time)

Condition of Supplies when returned:    ➤ Good    ➤ Dirty    ➤ Poor    ➤ \_\_\_\_\_

Person Returning Supplies: \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Signature)  
\_\_\_\_\_ / \_\_\_\_\_ (AM / PM)  
(Date) (Time)

Facilities Personnel: \_\_\_\_\_ / \_\_\_\_\_  
(Signature) (Date)