



SMC INVENTORY REQUEST FORM

Send this form to: dept_warehouse@smc.edu

Requester Name: _____ Department: _____

Phone: _____ Location: _____
(EXACT LOCATION FOR DELIVERY)

Date: _____ Request#: _____

ITEM CODE	DESCRIPTION	QTY REQUESTED	UNIT OF MEASURE	QTY ISSUED (WAREHOUSE USE ONLY)
E100	SMC Logo #10 Envelopes 500/Box			
E100W	SMC LOGO #10 ENVELOPES WITH INDICIA, 500/BOX			
C101	CERTIFICATE 8½ X 11 25/PACK			
CC102	CERTIFICATE COVER 8½ X 11, 25 PACK			
LH103	LETTERHEAD 8½ X 11 25/PACK			
BR901	BUSINESS REPLY #9 ENVELOPES, 500/BOX			
SU201	SUMMER ACADEMIC SCHEDULE, 25/BUNDLE			
SP202	SPRING ACADEMIC SCHEDULE 25/BUNDLE			
WIN203	WINTER ACADEMIC SCHEDULE, 25 BUNDLE (ONLINE ONLY)			
FA204	FALL ACADEMIC SCHEDULE, 25 BUNDLE			

ACCOUNT #: (REQUIRED) _____

APPROVED BY: _____ DATE: _____
SIGNATURE (REQUIRED) PRINTED NAME EXT.

FOR WAREHOUSE USE ONLY:

Processed by: _____

Date: _____