

DAEMEN

A World of Opportunity

PURCHASE REQUISITION COVID-19 PPE/HEALTH SUPPLY REQUEST

DATE SUBMITTED:

DEPARTMENT:

CONTACT EMAIL:

Vendor	COVID-19 PPE/HEALTH SUPPLY REQUEST	Business Office	
NO DEPARTMENTAL CHARGES FOR THESE ITEMS			
Signed orders should be taken to the Mailroom by this request only Must contain original signature - Email copies will not be accepted (Refill requests for Disinfecting Spray and Office Suite Hand Sanitizer may be placed through Facilities Work Order)			
ORDERS WILL BE FILLED IN 24 TO 48 HOURS PICK UP IN MAILROOM PROMPTLY, PLEASE			

	DESCRIPTION	QTY	Notes
	Paper Towels (1 roll)		
	Disinfectant Wipes (1 container)		
	Powder Free Gloves – Size M (100pr box)		
	Powder Free Gloves – Size L (100pr box)		
	Powder Free Gloves – Size XL (100pr box)		
	Disposable Paper Face Masks (full box=50)		
Reason Necessitating Additional Supplies:			

SIGNATURES (need at least manager/chair level for approval)

1. _____

Requestor

PICKED UP BY:

2. _____

Department Chair/Manager or next level approver

(original signature needed)

Date