

**FACILITIES WAREHOUSE**

**REQUEST FOR NEW STOCK ITEM (FM&D EMPLOYEES ONLY)**

Print Name:

Shop/Department:

Telephone Number:

Description of Item/Part:

Use and location of part on campus (if applicable):

Manufacturer:

Manufacturer Part Number:

Vendor(s) where part may be purchased:

Vendor Item/Part Number (if available):

Re-order Point:

Re-order Quantity:

Supervisor Approval:

Print Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Please send or fax this form to:

kwelz@calpoly.edu

Facilities Warehouse Bldg. 70A Office: 6-5169 Fax: 6-0122