

**MATERIALS MANAGEMENT  
OFFICE SUPPLY REQUEST FORM - MM-4**

REQUESTER'S NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_

MAIL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

TYPE OF PRODUCT	REQUEST TYPE		REQUEST WOULD
<input type="checkbox"/> Office Supplies	<input type="checkbox"/> New item to stock	<input type="checkbox"/> Delete product	<input type="checkbox"/> Duplicate existing product
<b>PRIORITY</b>	<input type="checkbox"/> Non-stock to stock	<input type="checkbox"/> Vendor change	<input type="checkbox"/> Standardize
<input type="checkbox"/> Essential <input type="checkbox"/> Important	<input type="checkbox"/> New item non-stock		<input type="checkbox"/> Replace
<input type="checkbox"/> Desirable	<input type="checkbox"/> Vendor direct (Special)		<input type="checkbox"/> Add new

For Medical and all other Supplies, please Use Form [MM-7](#)

Does this item replace or duplicate a current stock item?     Yes     No

If Yes: Warehouse #: \_\_\_\_\_ Vendor #: \_\_\_\_\_

**PRODUCT JUSTIFICATION:**    **FRS CODE:**    **Ledger:** \_\_\_    **Account:** \_\_\_\_\_    **Sub Code:** \_\_\_\_\_

**Please include a written justification for the introduction of this product. What is it used for, Cost Savings, Improved service, etc. Include the justification with this form when faxing or mailing to Materials Management. Fax 679-1218 or Mail: MC2012 email PDF: [VIDETTO@NSO2.UCHC.EDU](mailto:VIDETTO@NSO2.UCHC.EDU)**

**PRODUCT INFORMATION:**

Description: \_\_\_\_\_

Vendor: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Catalog Number: \_\_\_\_\_ Approximate Cost: \_\_\_\_\_

Preferred Unit of Measure:    \_\_\_ BT    \_\_\_ BX    \_\_\_ CS    \_\_\_ DZ    \_\_\_ EA    \_\_\_ KT    \_\_\_ PKG

Custom Made:     Yes     No    Monthly Usage: \_\_\_\_\_    UM: \_\_\_\_\_    Quantity Requested: \_\_\_\_\_

**Product Information:**    1. Is this product department specific:     Yes     No  
*If "No", please attach a listing of other units that would use this product.*

**REQUIRED SIGNATURES:**

**REFERENCE #:** \_\_\_\_\_

Department  
Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Value Analysis  
Resource Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Logistics/Medical  
Materials Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

University Director of  
Materials Management: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed, please print the form and Fax to Materials Management at 679-1218 or Mail to FB023 - MC2012**

Questions? Please contact Lucille Videtto 679-6530

**You Must Complete Forms On-Line. Hand Written Forms will be Rejected!**