

REQUISITION AUTHORIZATION FORM

Please fill out this form to designate your department's personnel authorized to request supplies. Send the **original form with signatures, not a copy**, to the CNU Central Warehouse.

The following department members are authorized to requisition supplies or equipment from the CNU Central Warehouse. I understand that any item requested and received by the undersigned will be charged against my department or program budget.

DATE: _____

(1) Department _____

(2) Account Code _____

(3) Department Chairman Signature _____

(4 & 5) NAMES / SIGNATURES OF AUTHORIZED PERSONNEL

_____	_____
_____	_____
_____	_____
_____	_____