

DeSoto County Schools  
Instructional Technology Department  
Supply Closet Requisition

Date \_\_\_\_\_

School \_\_\_\_\_

Room # or Office \_\_\_\_\_

Item Needed \_\_\_\_\_

Please give a brief description of the reason you need this item.

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

Model # \_\_\_\_\_

Name of Person Requesting Item \_\_\_\_\_

Bookkeeper's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_