**Retail Inventory Requisition Form
Template**

**Your Logo**

|  |
| --- |
| Requested By |
| Name |
| Department |
| Description |
| Purpose / Use |
| Description |
| Vendor Name |
| Name |
| Vendor Point of Contact |
| Name |
| Vendor Address |
| Street, City, State ZIP |
| Vendor Phone |
| 000-000-0000 |
|   |   |   |   |
| Date Requested |
| MM/DD/YY |
| Date Needed |
| MM/DD/YY |
| Charge To |
|   |
| Ship Via |
|   |

|  |  |  |
| --- | --- | --- |
| Inventory Requisition |   |   |
| Item No. | Description | Quantity | Issued |
| 1 | Content | 0 | MM/DD/YY |
|   |  | 0 | MM/DD/YY |
|   |  |  |  |
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| --- | --- | --- |
| Departmental Use Only |   |   |
| **Approvals** |
| Name 1 |
| Name |
| Signature 1 |
|  |
| Date |
| MM/DD/YY |
| Email |
|   |
| Phone |
|   |
| Address |
|   |
| YES | Approved? |
| NO |
| YES | Vendor EIN on File? |
| NO |
| Name 2 |
| Name |
| Signature 2 |
|  |
| Date |
| MM/DD/YY |
| Email |
|   |
| Phone |
|   |
| Address |
|  |
| YES | Approved? |
| NO |
| YES | Vendor EIN on File? |
| NO |
| PO Box Number |
|   |
| EIN or SSN |
|   |
| **Comments** |
|   |

|  |
| --- |
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