

**BERGEN COMMUNITY COLLEGE  
REQUEST FORM FOR PAPER**

**INSTRUCTIONS: THE INITIATOR MUST FILL OUT THIS FORM COMPLETELY. PLEASE PROVIDE DETAILED INFORMATION ON THE DELIVERY LOCATION COLUMN, SUCH AS THE ROOM NUMBER AND THE NAME OF THE BUILDING. THE FORM NEEDS TO BE SIGNED BY THE DEPARTMENT HEAD AND BROUGHT TO A-243 OR EMAILED TO CENTRAL SUPPLY ROOM AT [CENTRALSUPPLY@BERGEN.EDU](mailto:CENTRALSUPPLY@BERGEN.EDU). EXT.7059. INCOMPLETE FORM WILL BE SENT BACK TO THE INITIATOR. THE MAXIMUM QUANTITY OF COPY PAPER TO ORDER IS ONE (1) CASE.**

<u>ITEM #</u>	<u>DESCRIPTION</u>	<u>DELIVERY LOCATION (ROOM # AND NAME OF THE BUILDING)</u>

INITIATOR NAME (PRINT) \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
EXTENSION \_\_\_\_\_

DEPT. HEAD APPROVAL (PRINT) \_\_\_\_\_  
EXTENSION \_\_\_\_\_

DEPT. HEAD APPROVAL (SIGN) \_\_\_\_\_ DATE \_\_\_\_\_

DELIVERED TO/PICKED UP BY (SIGN) \_\_\_\_\_  
DATE \_\_\_\_\_

DELIVERED BY/PICKED UP BY (PRINT) \_\_\_\_\_