**INVENTORY REQUEST FORM**

(For Equipment)

|  |  |
| --- | --- |
| Date (mm/dd/yy): |  |
| Name: |  |
| Position/Designation:  |  |
| Office/Unit: |  |
| Inventory Fund:  |  |
| Department/ Office for Inventory:  |  |
| Reason(s) for Request: |  |

Approved by:

**KARL MARS GLENN R. CANE**

Supply Officer III