



INK AND TONER

DATE REQUESTED: _____

REQUESTOR'S NAME: _____

REQUESTOR'S PHONE NO: _____

REQUESTOR'S DEPT: _____

ORGANIZATION NO: _____

SUPERVISOR'S NAME: _____

ACCOUNT NO: 7209 _____

SUPERVISOR'S SIGNATURE: _____

CARTRIDGE/ TONER NO: _____

QUANTITY: _____

CARTRIDGE/ TONER NO: _____

QUANTITY: _____

CARTRIDGE/ TONER NO: _____

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QUANTITY: _____

CARTRIDGE/ TONER NO: _____

QUANTITY: _____

CARTRIDGE/ TONER NO: _____

QUANTITY: _____

NOTE: PLEASE PROVIDE THE NUMBERS SHOWN ON THE CARTRIDGE/ TONER, USUALLY STARTS WITH HP AND/ OR C. E-MAIL YOUR REQUEST TO TIMOTHY.WALL@HGTC.EDU AND PAULA.SHAW@HGTC.EDU