

Supply Request Form

NEW BRUNSWICK HIGH SCHOOL
 1000 Somerset Street
 New Brunswick, NJ 08901

Please e-mail all requests!

| | | |
|---------------------------------|--|---------------------|
| Teacher Name: | | Date: |
| Department/Room #: | | |
| | | |
| Quantity | Items | |
| | <input type="checkbox"/> Pens | |
| | <input type="checkbox"/> Pencils | |
| | <input type="checkbox"/> Hi-Liters | |
| | <input type="checkbox"/> Markers | |
| | <input type="checkbox"/> Whiteboard Eraser | |
| | <input type="checkbox"/> Whiteboard Markers | <i>State colors</i> |
| | <input type="checkbox"/> Ruler | |
| | <input type="checkbox"/> White Lined Paper | |
| | <input type="checkbox"/> Notebooks-3 ring or composition | |
| | <input type="checkbox"/> Manila Folders | |
| | <input type="checkbox"/> Scotch Tape Dispenser or tape | |
| | <input type="checkbox"/> Paper Clips-large, small or Binder clips | |
| | <input type="checkbox"/> Stapler or Staples | |
| | <input type="checkbox"/> White Board Cleaner Bottle Refill-(Teachers workroom for refill) | |
| | <input type="checkbox"/> Painters Tape (<i>blue</i>) | |
| | <input type="checkbox"/> Masking Tape | |
| Other Requested Items: | | |
| Administration Approval: | | Date: |
| Order Filled By: | | Date: |
| | | |