

URRLS Technical Services Department

Circulation Supply Request

<i>Qty</i>	<i>Unit</i>	<i>Item</i>
_____ boxes or _____ cards	500/box	PINES Patron Cards, Regular / Adult
_____ boxes or _____ cards	500/box	PINES Patron Cards, Michael White Design / Kids
_____ sheets	60/sheet	Item Barcode Labels
_____ pads	1 pad	Damaged Notes (sticky pads)
_____ rolls	100/roll	Label Protectors, clear glossy

Print Name: _____

Library: _____

Date: _____

Bring form to monthly Managers Meeting and give to Cataloging Associate before meeting.
Supplies will be distributed in person after monthly Managers Meeting.

Sign below when you receive the items you've requested.

I hereby acknowledge receipt of the above items:

Signature _____

Date: _____