



# INK AND TONER

DATE REQUESTED: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
(CAMPUS - BLDG & ROOM)

REQUESTOR'S NAME: \_\_\_\_\_

REQUESTOR'S DEPT: \_\_\_\_\_

REQUESTOR'S PHONE NO: \_\_\_\_\_

ORGANIZATION NO: \_\_\_\_\_

ACCOUNT NO: 7209

CARTRIDGE/ TONER NO: \_\_\_\_\_

QUANTITY: \_\_\_\_\_

CARTRIDGE/ TONER NO: \_\_\_\_\_

QUANTITY: \_\_\_\_\_

CARTRIDGE/ TONER NO: \_\_\_\_\_

QUANTITY: \_\_\_\_\_

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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 BRIANNA.TYLER@HGTC.EDU.

**ORDERS ARE PROCESSED EVERY WEDNESDAY. IT WILL TAKE 7-10 DAYS TO SHIP. PLEASE E-MAIL REQUEST FORM TO PURCHASING AT LEAST 2 WEEKS BEFORE INK IS NEEDED IN YOUR DEPARTMENT.**