San Benito CISD
Building and Grounds
Janitorial
Supply List Form

CAMPUS/DEPARTMENT: _____ **DATE:** _____

INVENTORY #	DESCRIPTION	QUANTITY

_____
Signature of Administrator/Designee

_____
Account #

Office Use Only

Requisition #_____
Date:_____
Time:_____
Entered by:_____

****Please fax form to 361-6385 or 361-6388 or email to jrios@sbcisd.net****