



# Department of Facilities Management Stores Inventory Request Form

## **Part I – Materials Request**

Department Name: \_\_\_\_\_

Requested By: \_\_\_\_\_

Date (DD/MM/YY): \_\_\_\_\_

Phone Number & E-mail: \_\_\_\_\_

Commodity Code	Item Description	Quantity Requested

## **Part II – FOAPAL and Departmental Approval**

FOAPAL from which materials will be charged

\_\_\_\_\_  
Fund (Required)

\_\_\_\_\_  
Organization  
(Required)

\_\_\_\_\_  
Account

\_\_\_\_\_  
Program  
(Required)

**Appropriate Departmental Authorization based on FOAPAL is Mandatory:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please ensure signed form is returned via email to: [fmstores@mun.ca](mailto:fmstores@mun.ca)