



DAILY REQUEST FORM

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

CONTROL NO: \_\_\_\_\_

REQUISITION NO: \_\_\_\_\_

REQUEST FOR:  TRITON STORE  DUPLICATING SERVICE  POSTAGE SERVICE

ITEMS TO BE DRAWN:

TOTAL DRAWN: \_\_\_\_\_

DUPLICATED: \_\_\_\_\_

NO. OF COPIES: \_\_\_\_\_

MAILED: \_\_\_\_\_

NO. OF ITEMS: \_\_\_\_\_

GENERAL LEDGE NO: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

*Print & Sign:* \_\_\_\_\_

DEPARTMENT APPROVAL