

## Covid-19 Supplies Request Form

Please submit completed request forms to: [purchasing@laverne.edu](mailto:purchasing@laverne.edu)

Department

Requestor

Date (mm/dd/yy)


### Essential PPE Packet

### Quantity

Employee (Cloth Mask/Door Opener)	
Faculty (Cloth Mask/Door Opener/Expo Markers)	

### Replenishment Items

### Quantity

1 Gallon Sanitizer w/pump (large office suites/classrooms)	
32 oz. Hand Sanitizer (small office suites/small classrooms)	

Other (please specify)


Sm Disinfectant Wipes (160) (small office suites/classrooms)	
Lg Disinfectant Wipes (400) (large office suites/classrooms)	

Internal Use

Pulled by  
Delivered to  
Date Distributed
