# SUPPLY LIST

## Turn in by Sunday, May 9th

Person Completing Request: _____

Dept. _____ Cell Phone: _____

**SUPPLIES NEEDED:** Be Specific with description, quantity, color, size, etc.
Please purchase your own perishable items.

| Item | Detailed Description | Qty | Color | Size | Special Notes |
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# SUPPLY LIST [PAGE 2]

Dept. _____ Cell Phone: _____

**SUPPLIES NEEDED:** **Be Specific** with description, quantity, color, size, etc. Please purchase your own perishable items.

| Item | Detailed Description | Qty | Color | Size | Special Notes |
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