

# Point-of-Sale Supply Requisition

Date:

Requested By:

Store/Location:

## Requested Supplies

Item	Quantity	Comments
<input type="text" value="E.g. Thermal Paper Rolls"/>	<input type="text" value="E.g. 10"/>	<input type="text" value="E.g. For Register #1"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes:

Approved By: