Facilities Supply Request Sheet

Custodian Name:	Campus:	DATE:

Please send this sheet to Stella at the BATTS office AFTER Supervsor Approval

* Must have Supervisors approval before sending request * You must request your own supplies. * DO NOT overstock your supplies

If you do not see the product you need, Type it in the NOT LISTED AREA

SUPPLY LIST

Surface Cleaners	QTY:
Multi-Surface Cleaner	
Glass Cleaner	

Floor Cleaners	QTY:
Floor Cleaner - Orange	
Degreaser - Blue	

Restrooms	QTY:
Liquid Deordrant	
Urinal Deoterizer	
Hand Soap	
Sanitizer	
Urinal Screen	

Cleaning Tools	QTY:
Mop Heads	
Dustmop	
Hand Duster	
Pumic Sticks	
Toilet Scrubbers	
Spray Bottles	
Towels	

Paper Products	QTY:
Toilet Paper	
Paper Towels	
Tissues	
Femenin Liners	
Seat Covers	

Vacuum Bag sizes	QTY:
Small	
Med.	
Back Back-BAG	
Back Back-FILTER	

Gloves:	
Size	QTY
SM	
MED	
LRG	
X-LRG	

Trash Liners	
Size	QTY
24x24	
24x33	
30x37	
34x24	
40x48	

Arisals	QTY:
Hospital Spray	
Metal Sheen	
Poly Sheen	
Dust mop Cleaner	
Gum Away	
Air Freshener	

Powders	QTY:
Vomit Powder	
Bleach	
Laundry Detergant	

Maintenance only

QTY:	FILTERS	FILTERS	QTY:
	14x30x1	18x24x2	
	16x16x2	20x20x1	
	16x20x1	20x20x2	
	16x25x1	20x25x1	
	16x25x2	20x25x2	
	16x30x1	20x30x1	

Pool Supplies	QTY:
Muriatic Acid	
Chlorine Tabs	
"SPIDER"	
Ultrabright	

NOT LISTED		
Product	QTY:	SIZE:

COMMENTS: If you need more than usual, write the reason in the comment section below.

Send this form to jsalazar@pinalk12.org **AS A PDF** for supervisor's signature. Do not send a scanned document.

Supplies **will not** be sent until your request is approved by Jesse and received by Stella.

Supervisor Approval: _____ Date: _____

Mary C. O'Brien Accommodation District