

## New Warehouse Part Request Form

Requester Name / Crew: \_\_\_\_\_

Part Description: \_\_\_\_\_

AiM Class: \_\_\_\_\_ Commodity: \_\_\_\_\_ Item: \_\_\_\_\_

SDS Required: Y N If yes, please send along with this form.

Vendor Name: \_\_\_\_\_

Vendor Part Number: \_\_\_\_\_ UOM: \_\_\_\_\_

Unit Price (UP): \_\_\_\_\_ Ext Price (UP X QTY) \*: \_\_\_\_\_

Vendor Minimum Order Required: Y N Minimum Order QTY: \_\_\_\_\_

Estimated QTY used per year: \_\_\_\_\_

New Part # Add or Replacement Item: \_\_\_\_\_

Reason for Add: \_\_\_\_\_

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If Exp Price is Greater Than \$100, Requires Applicable Administrator's Signature

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Warehouse Staff Only**

Part # Assigned: \_\_\_\_\_

Reorder Point: \_\_\_\_\_

Stocked QTY: \_\_\_\_\_

Target Level: \_\_\_\_\_

Bin Location: \_\_\_\_\_

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Warehouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email completed form to: [UND.SupplyCounter@und.edu](mailto:UND.SupplyCounter@und.edu)**