



Covid-19 Supply Order Form

Date: _____
Contact Person: _____
Contact Phone #: _____
Email: _____

Fill out for alternate contact and/or delivery location

Contact Person: _____
Contact Phone #: _____
Email: _____

Deliver to:
Campus: _____

Building: _____

Room: _____

Deliver to:
Campus: _____

Building: _____

Room: _____

Supply Request Description	Quantity
<input type="checkbox"/> Gloves—M (50 pairs/box)	_____
<input type="checkbox"/> Gloves—L (50 pairs/box)	_____
<input type="checkbox"/> Hand Sanitizer (16 oz. bottles)	_____
<input type="checkbox"/> Hand Sanitizer (34 oz. bottles)	_____
<input type="checkbox"/> Squirt Bottles Set	_____
<input type="checkbox"/> Squirt Bottle Trigger	_____
<input type="checkbox"/> Mark 11 (0.5 oz. pk.)	_____
<input type="checkbox"/> Paper Towels (90/box)	_____
<input type="checkbox"/> Sanitizing Wipes	_____

Refills	Quantity
<input type="checkbox"/> Bottle Hand Sanitizer Refill	_____
<input type="checkbox"/> Dispenser Sanitizer Stand Refill	_____
<input type="checkbox"/> Dispenser Purell Cartridge Refill	_____

Once completed, send as an attachment via e-mail to FixIt@slcc.edu for approval.