# DOUGLAS-CHEROKEE TRIO PROGRAMS

**SUPPLIES REQUEST FORM**

Staff Name _____ Date _____

County _____

| Vendor/Store/Website | Item Description | Qty | Price | Model or Item # |
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When completed, scan and email this form to your Program Manager. If using Amazon or Staples, please add all of the above items to your cart, print your cart, and include them with this supplies request form.

Updated 8/29/2023