A. E. R. O.
SPECIAL EDUCATION COOPERATIVE

PRINTER INK/TONER SUPPLY REQUEST

This form is to be completed by the teacher, and then submitted to program supervisor for approval and billing information. The completed form is then turned in to Barb Mikel at the AERO Center for processing.

All uncompleted forms will be returned and thus causing a delay in getting the supplies to you.

Name: ______________________________ **Position**: _____________________

Program: ____

Location /Building /Room #: _________________________________

Printer Name and Model #: ___________________________________
(i.e.; HP Deskjet 952C)

Inkjet cartridge # ____________ Black ____________ Color
-or-
Laser toner cartridge # _______________

AERO Asset Tag # _____________________
(white tag used for inventory purposes located on the unit)

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To be completed by supervisor:

Approved: ____

Program billing code: 10 - _____ - ________ - _____ - ______
Prog. # Function Object FY

Business Office:

Request completed by: _______________________

Program billed: ___________________________

Date: __________________

5/13/05