# Request for Paper Supplies

ALL REQUESTS MUST BE GIVEN AT LEAST 2 WEEKS BEFORE EVENT

DATE OF REQUEST _____ DATE NEEDED BY _____

RESPONSIBLE PERSON _____

MINISTRY _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

| | QUANTITY | ITEM | | QUANTITY | ITEM |
|---|---|---|---|---|---|
| **CUPS** | | 8 oz. Coffee | **PLASTIC WARE** | | Knives |
| | | 7 oz. transparent | | | Forks |
| | | 9 oz. transparent | | | Spoons |
| | | 12 oz. transparent | | | Coffee Stirrers |
| **PLATES** | | 10 1/4” Dinner Plate | **COFFEE** | | Regular |
| | | 9” Luncheon Plate | | | Decaf |
| | | 6” Dessert Plate | | | Creamer |
| **BOWLS** | | 12 oz. Salad/Soup | | | Sugar |
| | | 4 oz. Fruit | | | Artificial Sweetener |
| **NAPKINS** | | Dinner | **EQUIPMENT** | | Coffee Pot |
| | | Luncheon | | | |
| | | Beverage | | | |
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