

**JAMESTOWN PUBLIC SCHOOL DISTRICT #1
CUSTODIAN REQUISITION**

DATE: _____

BUILDING: _____

CUSTODIAN: _____
(Custodian's Signature)

APPROVED BY: _____
(Principal's Signature)

Please write the amount of the product desired on the blank line.

CUSTODIAL SUPPLIES

Raindance-Neutral Floor Cleaner	_____ Box(es)	Look (Window Cleaner)	_____ Box(es)
Morning Mist – Disinfectant Cleaner	_____ Box(es)	Speedball	_____ Box(es)
Ecolyzer	_____ Gallon(s)	Clean by Peroxy	_____ Gallon(s)
Furniture Polish	_____ Can(s)	Fountainhead	_____ Box(es)
Redeem	_____ Gallon(s)	HBC-30	_____ Gallon(s)
Lysol Disinfectant Spray	_____ Can(s)	CEC-64	_____ Gallon(s)
Expo Whiteboard Cleaner	_____ Box(es)	Percolator	_____ Quart(s)
Treated Dust Cloths	_____ Pack(s)	Comet	_____ Can(s)
Charge Toilet Cleaner	_____ Bottles(s)	Soft Clean	_____ Bottle(s)
Wall Deodorant Blocks	_____ Box(es)	Lite & Foamy Hand Soap	_____ Gallon(s)
Urinal Deodorant Blocks	_____ Box(es)	Symmetry Foam Sanitizer	_____ Case(s)
Urinal Screens	_____ Box(es)	Sanitary Bags	_____ Box(es)
Gloves - Latex-Powdered	_____ S _____ M _____ L	Mr. Clean Erasers	_____ Box(es)
Gloves - Latex-Non-Powdered	_____ S _____ M _____ L	Garbage Bags - Large	_____ Box(es)
Gloves –Vinyl-Powdered	_____ S _____ M _____ L	Garbage Bags - Medium	_____ Box(es)
Gloves -Vinyl Non-Powdered	_____ S _____ M _____ L	Garbage Bags - Desk Can Size	_____ Box(es)

If the item needed is not listed above, please write that item below along with the quantity.

<u>Description</u>	<u>Quantity</u>	<u>Description</u>	<u>Quantity</u>
Other _____	_____	Other _____	_____
Other _____	_____	Other _____	_____
Other _____	_____	Other _____	_____