

**MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF PROCUREMENT AND SUPPORT SERVICES  
SPECIAL REQUISITION FOR PURCHASE OF TONER CARTRIDGES**

| <b>Contact Name:</b>   |               |                  |                | <b>Phone #:</b>       |                     |                               |
|--|---------------|------------------|----------------|-----------------------|---------------------|-------------------------------|
| <b>Mail Address:</b>   |               |                  |                | <b>Today's Date:</b>  |                     |                               |
| <b>Department Name and Code:</b>                                       |               |                  |                | <b>Date Required:</b> |                     |                               |
| <b>Detailed Reason for the Need to Order Toner Cartridges:</b><br><br> |               |                  |                |                       |                     |                               |
| Accounting/Funding Information   |               |                  |                |                       |                     |                               |
| <b>Agy (3)</b><br>M00  | <b>Yr (2)</b> | <b>Index (5)</b> | <b>PCA (5)</b> | <b>AObj (4)</b>       | <b>Grant PH (2)</b> | <b>Total Amount</b><br>\$0.00 |
| Requisition Detail   |               |                  |                |                       |                     |                               |
| Manufacturer   | Item #        | Description      |                |                       | Quantity            | Cost Per Item                 |
|  |               |                  |                |                       |                     |                               |
|  |               |                  |                |                       |                     |                               |
|  |               |                  |                |                       |                     |                               |
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|  |               |                  |                |                       |                     |                               |
|  |               |                  |                |                       |                     |                               |

THE UNDERSIGNED HEREBY CERTIFIES THAT SUFFICIENT FUNDS ARE AVAILABLE AND HAVE  / HAVE NOT  BEEN PROVIDED IN THE BUDGET FOR THE ARTICLES REQUISITIONED HEREIN AND THE ARTICLES LISTED ARE FOR STATE USE.

APPROVED SIGNATURE \_\_\_\_\_

\_\_\_\_\_ ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
BUDGET CERTIFICATION

**\*Return completed form to the Director of The Office of Procurement and Support Services (OPASS).**