

COVID-19 CLASSROOM REPLENISHMENT FORM

SPRING 2021

Location where supplies are needed:

Date: _____
Building: _____
Classroom #: _____
Classroom Level: _____
(100 or 200)

Requestor:

Name: _____
Phone: _____
E-mail: _____

Supplies:

Disinfectant Wipes (Buckets)

*quantities based on class size as provided by
the Office of the University Registrar

Qty: _____

SUBMIT

Facilities Work Management Center

FMCNotify@fmc.sc.edu | 803.777.9675 | sc.edu/facilities

For Office/Department Supplies, please visit the Purchasing website:

go.sc.edu/Department_Purchasing_COVID