Desjardins
Insurance
Life • Health• Retirement

Requisition form

1 Customer No.	2 Date* (YYYY-MM-DD)	3 Cost center

4 Ship to – Full Address*

5 Telephone*

6 Form/Item Number*	7 Quantity*	8 Description

*Required information.

9 Ordered by* _____

Instructions

1 This is your customer number, the number inventory management has asked you to use.

2 Enter the date on which the order was placed.

3 Enter the cost centre.

4 Print the company name and the full shipping address.

5 Enter the telephone number and extension of the person placing the order.

6 Enter the form or item number. Without this number no delivery will be done.

7 Enter exact number of form(s)/item(s) required.

8 Briefly describe the form(s) or item(s) ordered (necessary for inventory management technician if the number is wrong or illegible).

9 Print first and last name of the person who placed order.

- You must use this form to order materials and forms for individual insurance from Desjardins Insurance.
- Your office must be able to receive **Purolator or ICS** courier deliveries.
- **Send the completed supply requisition form to** alain-ventaire@desjardins.com
- For any questions, contact the warehouse at **1-877-828-7800, ext. 5583434**.