

OFFICE SUPPLY BUREAU REQUISITION

AS Materiel Division

1526 K Street, Suite 130, Lincoln, NE 68508

Phone: (402) 471-2412

E-Mail Completed Requisition To: as.materielofficesupplybureau@nebraska.gov

Please Contact OSB With Any Questions. Due to illegibility issues, faxed orders are no longer accepted. Thank you.

Agency Name:	Requisition Number (Do not use date of order):	
Date:	Address Book Number:	
Business Unit:	Contact Name & Phone Number:	

Qty	Price	U/M	OSB Item#	Items may be Drop Shipped or filled from OSB Inventory	Qty	Price	U/M	OSB Item#	Items may be Drop Shipped or filled from OSB Inventory	Qty	Price	U/M	OSB Item#	Items Drop Shipped Only
COPY PAPER, WHITE (DS or INV)					ENVELOPES, BROWN KRAFT, SELF-SEAL (DS or INV)					COPY PAPER, COLORED, 8 1/2 X 14, 20# (DS)				
	\$ 3.05	RM	C-16	Paper, Copy, 8 1/2 X 11, 20#		\$ 51.95	BX	A-5	Envelope, Brownkraft, 12 X 15 1/2		\$ 4.99	RM	DS-4	Paper, 8 1/2 X 14, Blue
	\$ 16.38	CTN	C-13	Paper, Copy, Express Packs <i>(NOTE: Order Even Number of Units)</i>		\$ 29.43	BX	A-3	Envelope, Brownkraft, 9 1/2 X 12 1/2		\$ 4.99	RM	DS-5	Paper, 8 1/2 X 14, Canary
	\$ 2.90	RM	C-17	Value Copy Paper, 8 1/2 X 11, 20#		\$ 29.18	BX	A-4	Envelope, Brownkraft, 10 X 13		\$ 4.99	RM	DS-6	Paper, 8 1/2 X 14, Green
	\$ 4.16	RM	C-14	Paper, Copy, 8 1/2 X 14, 20#		\$ 27.38	BX	A-2	Envelope, Brownkraft, 9 X 12		\$ 4.99	RM	DS-7	Paper, 8 1/2 X 14, Pink
	\$ 6.55	RM	C-15	Paper, Copy, 11 X 17, 20#		\$ 17.53	BX	A-1	Envelope, Brownkraft, 6 X 9	COPY PAPER, WHITE (DS)				
COVERSTOCK, 8 1/2 X 11, 65# (DS or INV)						\$ 49.20	BX	DS-18	Envelope, Brownkraft 10 X 15		\$ 5.40	RM	DS-1	Paper, #1 Bond, 8 1/2 X 11, 20#
	\$ 4.37	RM	C-12	Paper, 8 1/2 X 11, White	ENVELOPES, WHITE, NO WINDOW (DS or INV)						\$ 3.28	RM	DS-2	Paper, Copy, 8 1/2 X 11, 20#, 3-Hole
COPY PAPER, COLORED, 8 1/2 X 11, 20# (DS or INV)						\$ 6.77	BX	A-6	Envelope, Regular, White #9		\$ 5.59	RM	DS-3	Paper, LASER, 8 1/2 X 11, 24#, Recycled
	\$ 3.70	RM	C-1	Paper, 8 1/2 X 11, Blue		\$ 6.77	BX	A-7	Envelope, Regular, White # 10	COVERSTOCK, COLORED 8 1/2 X 11 (DS)				
	\$ 3.70	RM	C-2	Paper, 8 1/2 X 11, Buff	PAPERTOWELS (DS or INV)						\$ 5.19	RM	DS-8	Paper, 8 1/2 X 11, Blue,65#
	\$ 3.70	RM	C-3	Paper, 8 1/2 X 11, Orchid		\$ 0.92	PKG	D-2	Towel, Singlefold		\$ 5.19	RM	DS-9	Paper, 8 1/2 X 11, Canary,65#
	\$ 3.70	RM	C-4	Paper, 8 1/2 X 11, Canary		\$ 2.34	BX	D-1	Towels, Wipers 1-ply		\$ 5.19	RM	DS-12	Paper, 8 1/2 X 11, Green,65#
	\$ 3.70	RM	C-5	Paper, 8 1/2 X 11, Goldenrod	ENVELOPES, INTEROFFICE (INV)						\$ 5.19	RM	DS-13	Paper, 8 1/2 X 11, Ivory,65#
	\$ 3.70	RM	C-6	Paper, 8 1/2 X 11, Green		\$ 0.25	EA	A-8	Envelope, Interoffice, #11		\$ 4.68	RM	DS-10	Paper, 8 1/2 X 11, Gold,67#
	\$ 3.70	RM	C-7	Paper, 8 1/2 X 11, Pink		\$ 0.30	EA	A-10	Envelope, Interoffice, 10 X 13		\$ 4.68	RM	DS-11	Paper, 8 1/2 X 11, Gray,67#
	\$ 3.70	RM	C-8	Paper, 8 1/2 X 11, Salmon		\$ 0.33	EA	A-11	Envelope, Interoffice, 12 X 15 1/2		\$ 4.68	RM	DS-14	Paper, 8 1/2 X 11, Orchid,67#
	\$ 3.70	RM	C-9	Paper, 8 1/2 X 11, Cherry		\$ 2.34	PK	A-9	Interoffice Insert Cards		\$ 4.68	RM	DS-15	Paper, 8 1/2 X 11, Pink,67#
	\$ 3.70	RM	C-10	Paper, 8 1/2 X 11, Ivory	MISCELLANEOUS (INV)						\$ 4.68	RM	DS-16	Paper, 8 1/2 X 11, Peach,67#
	\$ 3.70	RM	C-11	Paper, 8 1/2 X 11, Gray		\$ 0.50	PD	B-8	While You Were Out Message Pads		\$ 4.68	RM	DS-17	Paper, 8 1/2 X 11, Tan,67#
BOXES & LIDS (DS or INV)						\$ 30.15	BX	B-6	"Governor's Office" Letterhead					
	\$ 0.30	EA	B-1,3	Box, File, Storage, Lid, 15 X 12 X 2		\$ 10.48	BX	B-7	"Governor's Office" Envelopes				DS	* Drop Ship (Shipped Directly to Requested Delivery Address From Supplier)
	\$ 0.86	EA	B-2,4	Box, File, Storage, 15 X 12 X D3310		\$ 0.84	STP	B-5	Lables Inventory Gold Foil (STP=20 EA)					
			NOTE: Box and Lid Orders Under \$300 Total Drop-Shipped Outside of Lincoln/Omaha Metro May Be Subject to Freight Charges.			\$ 2.00	EA	E-1,2,3	Hand Sanitizer - 32 oz, pump					
													INV	* Inventory (Order Filled From OSB Inventory)

DELIVER TO:	BILL TO:	FOR OSB USE ONLY
Building: _____	Building: _____	PO # / Vendor Name: _____
Floor: _____	Floor: _____	Order Filled By: _____
Street / City: _____	Street / City: _____	Date Order Filled: _____
Room / Suite: _____	Room / Suite: _____	Date Billing Entered: _____
Comments: _____	Comments: _____	Document # / Batch: _____
		Requisition #: _____