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## STANDING ORDER REQUEST FORM

**Date:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**For Resident/Client:** \_\_\_\_\_

**Commencing:** \_\_\_\_\_ **Regularity:** \_\_\_\_\_

**Delivery Area:** \_\_\_\_\_

**Purchase Order No'(s) Required on Invoices:** \_\_\_\_\_

**Goods requested: 1** \_\_\_\_\_ **Quantity:** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_

**4** \_\_\_\_\_

**5** \_\_\_\_\_

**6** \_\_\_\_\_

**Requested By (Print Name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

\*Please note, if you sign this form you are the only person who can make changes to or cancel this standing order. To make changes to or to cancel please ring or fax our office at the above numbers and speak to Laura Mackie.