

REQUEST FOR NON-CATALOGED ITEMS

1. COMPLETE SECTIONS 1 & 2 WITH AS MUCH INFORMATION AS POSSIBLE ABOUT THE ITEM(S) FOR RESEARCH
2. **EMAIL OR FAX TO CUSTOMER SERVICE AT CUSTOMERSERVICE@WP-INT.COM OR FAX TO (866) 377-2281**
3. WPS CUSTOMER SERVICE WILL COMPLETE SECTION 3 AND RETURN THE FORM TO YOU VIA EMAIL OR FAX WITHIN 24 HOURS
4. SUBMIT A NON-CATALOG PEOPLESOFTE BUYER REQUISITION BY SELECTING WORKPLACE SOLUTIONS AS THE SUPPLIER ON THE REQUISITION

SECTION 1: **CUSTOMER INFORMATION** (TO BE COMPLETED BY CUSTOMER)

Date	_____	Time Submitted	_____
Business Name	_____	Customer ID#	_____
Address	_____	City, State, Zip	_____
Mailcode/Cube	_____	Desktop	_____
First Name	_____	Last Name	_____
Phone (xxx-xxx-xxxx)	_____	Fax Number	_____
Email Address	_____		

* PLEASE NOTE: QUOTED PRICE IS VALID THROUGH _____ (YOUR ORDER MUST BE RECEIVED BY THIS DATE.)

SECTION 2: **ITEM #1 INFORMATION** (TO BE COMPLETED BY CUSTOMER)

MANUFACTURER NAME	_____	MANUFACTURER ITEM	_____
QUANTITY	_____	UNIT OF MEASURE	_____
Description/Color	_____		

SECTION 3: **QUOTE #1 INFORMATION** (TO BE COMPLETED BY WORKPALCE SOLUTIONS)

DATE QUOTED	_____	QUOTE ID	_____
ITEM NUMBER	_____	PRICE	_____ AVAILABILITY _____

SECTION 2: **ITEM #2 INFORMATION** (TO BE COMPLETED BY CUSTOMER)

MANUFACTURER NAME	_____	MANUFACTURER ITEM	_____
QUANTITY	_____	UNIT OF MEASURE	_____
DESCRIPTION/COLOR	_____		

SECTION 3: **QUOTE #2 INFORMATION** (TO BE COMPLETED BY WORKPLACE SOLUTIONS)

DATE QUOTED	_____	QUOTE ID	_____
ITEM NUMBER	_____	PRICE	_____ AVAILABILITY _____

SECTION 2: **ITEM #3 INFORMATION** (TO BE COMPLETED BY CUSTOMER)

MANUFACTURER NAME	_____	MANUFACTURER ITEM	_____
QUANTITY	_____	UNIT OF MEASURE	_____
DESCRIPTION/COLOR	_____		

SECTION 3: **QUOTE #3 INFORMATION** (TO BE COMPLETED BY WORKPLACE SOLUTIONS)

DATE QUOTED	_____	QUOTE ID	_____
ITEM NUMBER	_____	PRICE	_____ AVAILABILITY _____