MATERIAL MASTER REQUEST

☐ New  ☐ Change*  ☐ Delete*

*Material Number: ______________________________

Material Category
☐ Consumable (non-stock)  ☐ Stock (inventory)  ☐ Service

Plant Information (Stock Material Only)
Plant Number: ______________________________
Storage Location: ______________________________
Describe the material and how it will be used:

Unit of Measure
Base Unit of Measure: ______________________________
Base UOM Conversion: ______________________________
Alternate UOM (optional): ______________________________
Alternate UOM Conversion: ______________________________

Reporting
Suggested GL Account: ______________________________
Reporting Category: ______________________________

Agency Contact Information
Requester’s Name: ______________________________
Agency Name: ______________________________
Telephone Number: ______________________________
Agency Number: ______________________________

Please Remit Form to your Agency Approving Official.