**STATE OF NEW JERSEY**
**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**

**Date:**

**To:** **Mr. Robert Bartholomew, ATTN: ASD-ASB-SS**
**101 Eggerts Crossing Road Lawrenceville, New Jersey**
**08648-2805** ***Phone: 609-530-6861 FAX: 609-530-7100***

**From:** **(Cost Center_____)**

**Subject:** **CONSUMABLE OFFICE SUPPLY REQUEST**

| STOCK # | QTY | DESCRIPTION | FILLED | DO OUT | NOT IN STOCK |
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| Signature of Requester: | Phone # |
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| Order Filled By: | Date: |

**DMAVA FORM NO. 7, February 2020**