ST. PHILIP'S SCHOOL & COMMUNITY WECREATION CENTER

ST. Philip's School & Dallas Designing Dreams Merchandise Requisition & Order Form

"WeCreate Your Branded Ideas" — Powered by Dallas Designing Dreams

KEY REQUISITION GUIDELINES & OPERATING QUOTIENTS

Advance Notice Quotas:
- 1–100 units: 5–10 days notice
- 101–250 units: 30 days notice
- 251+ units: 60 days min notice

Receiving Hours & Speed:
- Mon–Fri 8:00 AM – 3:00 PM
- 2–3 day turnaround for small stock
- Expedited/Same-day: Call ahead

Phased Delivery & Approvals:
- Split shipments for space constraints
- Designated receiving hub required
- Initiator sign-off required prior to submission

1. REQUISITIONER & DEPARTMENT DETAILS

REQUESTING DEPARTMENT / ORGANIZATION *

DATE OF REQUISITION *

CONTACT PERSON NAME & TITLE *

REQUESTED DELIVERY DATE *

EMAIL ADDRESS *

PHONE NUMBER *

2. MERCHANDISE SPECIFICATIONS & LINE ITEMS

#	Item Description & Customization Details (Apparel, Leather, Accessories)	Size / Color Specs	Qty	Unit Price	Total Price
1					
2					
3					
4					
5					
			Estimated Total Investment:		

3. DELIVERY QUOTIENTS & LOGISTICS PLANNING

Delivery Type Request:
- ☐ Standard Single Drop-Off Delivery
- ☐ Phased Batch Delivery (Split-shipments for storage constraints)

Lead Time Quota Compliance:
- ☐ 1–100 units (5–10 Calendar Days Notice)
- ☐ 101–250 units (30 Calendar Days Notice)
- ☐ 251+ units (60 Calendar Days Notice)

DESIGNATED RECEIVING HUB / DROP LOCATION

ASSIGNED ONSITE RECEIVING CONTACT & PHONE

SPECIAL HANDLING, PACKAGING, OR PHASED DELIVERY NOTES

4. APPROVAL & REQUISITION WORKFLOW (REQUIRED SIGN-OFFS)

Workflow Stage	Authorized Signature & Print Name	Date	
1. Requisition Initiation Individual of initiation reviews, signs, and approves prior to submittal for business justification, operational fit, and timing feasibility.	Initiator Signature & Printed Name	Date	[ ] Reviewed & Submit ted
2. Departmental Sign-off Department manager reviews and approves the request for business justification, operational fit, and timing feasibility.	Department Manager Signature & Printed Name	Date	[ ] Approved [ ] Revision Req.

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Please submit completed forms to order processing or contact your program representative prior to production activation.