



# Micro Fiber Action Form

*\*Please forward adjustment approvals within 2 days*

Building Name: _____	Room # _____
Submitted By: _____	Phone # _____
Email Address: _____	
Supervisor <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____	Phone # _____
District Rep <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____	Phone # _____

### Requested Adjustments

Item #	Description	Old Par	New Par
GC25450L	Microfiber Towel Green	_____	_____ ea
GC25451L	Microfiber Towel Blue	_____	_____ ea
GC25452L	Microfiber Towel Yellow	_____	_____ ea
GC25453L	Microfiber Towel Red	_____	_____ ea
GC25454L	Microfiber Towel Yellow/Red	_____	_____ ea
GC25456L	String Mop Medium	_____	_____ ea
GC25457L	Unger Mop Red	_____	_____ ea
GC25458L	Unger Mop Yellow	_____	_____ ea
GC25466L	Unger Mop Green	_____	_____ ea
GC25460L	CPI Mop Red	_____	_____ ea
GC25461L	CPI Mop Yellow	_____	_____ ea
OTHER	_____	_____	_____ ea
OTHER	_____	_____	_____ ea

### Change Justification

\_\_\_\_\_

### Resolution History

Step 1 _____	By _____	Date _____
Step 2 _____	By _____	Date _____
Step 3 _____	By _____	Date _____

Date Completed: \_\_\_\_\_

**\* Please forward to U Market Services: Fax: 4-5778 Email: [parlevel@umn.edu](mailto:parlevel@umn.edu)**