

**SPECIAL EDUCATION DEPARTMENT**  
Request for Ink Cartridges

Teacher \_\_\_\_\_

School \_\_\_\_\_

**Printer Cartridge**

Put number needed by printer type.

Type/Cartridge #	Number	Type/Cartridge #	Number
<b>HP Deskjets – 890 – 895</b> Color 23 - _____ Black 45 - _____		<b>HP All – One Printers</b> 1610 V                      Color 95- _____ Black 94- _____	
<b>HP Deskjets: 950-960-996-6122</b> Color 78 - _____ Black 45 - _____		2575v                              Color 95- _____ Black 94- _____	
<b>Other (Not Listed)</b> Color _____ Black _____ _____ _____		<b>C4180 Photo Smart</b> Color 93- _____ Black 98- _____	
		<b>Other (Not Listed):</b> Color _____ Black _____	

**Office Use Only**

\_\_\_\_\_ **Date Sent To Teacher**

\_\_\_\_\_ **Person Sending**

**PLEASE SIGN AN RETURN THIS FORM WHEN MATERIALS ARE RECEIVED**

\_\_\_\_\_ **Teacher Signature**

\_\_\_\_\_ **Date**