TRI-COUNTY SPECIAL EDUCATION INTERLOCAL #607

P. O. DRAWER 668 220 EAST CHESTNUT INDEPENDENCE, KANSAS 67301

MATERIAL REQUISITION

P.O. No._____

Date_____ School_____

Requested By_____ Department_____

Vendor _____

_____

_____

Ship To _____

_____

_____

QUANTITY	CATALOG NO.	DESCRIPTION OF WORK OR MATERIALS	UNIT PRICE	TOTAL PRICE

If needed by certain date, indicate:

Total _____

DATE NEEDED_____ APPROVED_____ _____ DIRECTOR _____ DATE

DISAPPROVED_____ _____ DIRECTOR _____ DATE