CLEAR

FOR OFFICE USE ONLY

Requisition #: _____
Vendor #: _____

MEIGS LOCAL SCHOOL DISTRICT
ORDER FORM
Complete and turn in to office secretary

DATE:

VENDOR:

BUILDING:

ADDRESS:

DEPARTMENT:

CITY, STATE, ZIP:

REQUESTED BY:

TELEPHONE:

QTY	UNIT	COST PER UNIT	TOTAL COST	CATALOG /ORDER NO.	DESCRIPTION OF ITEM
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
			$ 0.00		
					SHIPPING (if applicable)
		TOTAL	$ 0.00	NOTES:	

PRINT THIS ORDER FORM THEN SIGN AND DATE BELOW

NAME_____ DATE_____