Stockbridge-Munsee Purchasing Dept.
N8705 Moh He Con Nuck Rd.
Bowler, WI 54416

Supply Order Form

Date: _____

ACCT # _____

Vendor(s)	_____ _____ _____	**Ship To**	Name _____ Dept. _____

Date Rcv'd by Purchasing Dept.	**Date Completed**	**Delivery Date**

Qty	Order #	Description	Vendor	Unit Price	Line Total

Order Total	
Order Completed By	
Order #	

1. Please fax (715) 793-4889 or email completed forms to Roberta Carrington.
2. Both signatures are required before order will be processed, however, if any ONE item is $200 or more your order may be delayed.
3. Orders will be processed immediately and delivered within 5 working days, depending on availability.
4. Accounts Payable will use this form as authorization to pay invoice from the ACCT # listed above.
5. The Purchasing Dept. has the right to substitute items or vendor for a cost savings.

Requestor Signature | Date

Director's Signature | Date