



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

# Supply Order Form

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

ACCT # \_\_\_\_\_

|                  |       |                |              |
|------------------|-------|----------------|--------------|
| <b>Vendor(s)</b> | <hr/> | <b>Ship To</b> | <b>Name</b>  |
|                  | <hr/> |                | <hr/>        |
|                  | <hr/> |                | <b>Dept.</b> |

|                                       |                       |                      |
|---------------------------------------|-----------------------|----------------------|
| <b>Date Rcv'd by Purchasing Dept.</b> | <b>Date Completed</b> | <b>Delivery Date</b> |
| <hr/>                                 | <hr/>                 | <hr/>                |

| Qty | Order # | Description | Vendor | Unit Price | Line Total |
|-----|---------|-------------|--------|------------|------------|
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| <b>Order Total</b>        | <hr/> |
| <b>Order Completed By</b> | <hr/> |
| <b>Order #</b>            | <hr/> |

- |  |  |                            |             |       |       |
|--|--|----------------------------|-------------|-------|-------|
| <ol style="list-style-type: none"> <li>Please fax (715) 793-4889 or email completed forms to Roberta Carrington.</li> <li>Both signatures are required before order will be processed, however, if any ONE item is \$200 or more your order may be delayed.</li> <li>Orders will be processed immediately and delivered within 5 working days, depending on availability.</li> <li>Accounts Payable will use this form as authorization to pay invoice from the ACCT # listed above.</li> <li>The Purchasing Dept. has the right to substitute items or vendor for a cost savings.</li> <li>ALL PACKING SLIPS MUST BE DATED AND INITIALED ON THE DATE YOU RECEIVE THE ITEMS AND SENT TO ROBERTA CARRINGTON AS SOON AS POSSIBLE.</li> </ol> | <table border="1"> <tr> <td style="width: 70%;"><b>Requestor Signature</b></td> <td style="width: 30%;"><b>Date</b></td> </tr> <tr> <td><hr/></td> <td><hr/></td> </tr> </table> | <b>Requestor Signature</b> | <b>Date</b> | <hr/> | <hr/> |
| <b>Requestor Signature</b>   | <b>Date</b>  |                            |             |       |       |
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|-----------------------------|-------------|
| <b>Director's Signature</b> | <b>Date</b> |
| <hr/>                       | <hr/>       |