HICKMAN MILLS EDUCATIONAL FOUNDATION

GRANT REQUISITION

Date:_____ PO# _____

TO: _____
Name of Company
_____
Street Address
_____
City, State Zip
_____
Telephone Number

Grant Recipient: _____

SHIP TO: _____
Name of School
_____
Street Address
_____
City, State Zip
_____
Telephone Number

Principal's Signature:_____ HMEF Director's Signature:_____

(If technology related) Technology Director's Signature:_____

ATTN: VENDORS-SEND INVOICE TO: HMEF 9000 Old Santa Fe Road Kansas City, MO 64138

ITEM NUMBER	DESCRIPTION	AMOUNT	
	ITEMS MAY NOT BE ORDERED WITH OUT A PO# GIVEN TO YOU BY THE HMEF DIRECTOR *AND* WITHOUT ALL NECESSARY SIGNATURES.		
	TOTAL		

Hickman Mills Educational Foundation
"Pointing the way to excellence"