REQUISITION

Hickman Mills C-1 School District

P.O. Number _____

Date _____ Date Required _____

Code _____

TO _____
Name of Company

Ship to: _____
Name of School

_____
Street Address

_____
Street Address

KANSAS CITY, MISSOURI _____

_____
City and State

ATTENTION: _____

_____

PLEASE CHECK: ☐ PICK-UP ☐ STRAY ☐ PHONED/FAXED ☐ READY FOR PAYMENT ☐ PLEASE FAX # _____ Page _____ of _____

on Date _____

Quantity	Unit	Catalog #	Description	Unit Price		Total Cost	
		PRINCIPAL:					
		ADMINISTRATOR:					
			SHIPPING & HANDLING				
			TOTAL				

ADMINISTRATIVE AUTHORIZATION _____ Date: _____

BUS-