



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.
6. ALL PACKING SLIPS MUST BE DATED AND INITIALED ON THE DATE YOU RECEIVE THE ITEMS AND SENT TO ROBERTA CARRINGTON AS SOON AS POSSIBLE.

Requestor Signature	Date
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Director's Signature	Date
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