School Year _____ Date _____

CANTON UNION SCHOOL DISTRICT NO. 66
REQUEST FOR SUPPLIES

Teacher Name_____

QTY	ITEM #	ITEM DESCRIPTION	UNIT COST	Total

Company _____

Address _____

Phone # _____ Fax: _____

School Ingersoll Middle School_____ Grade or Dept. _____

Account # _____Principal's signature: _____

Remarks:

Total this page_____
Grand Total _____