



BUTTE FALLS CHARTER SCHOOL

Requisition # _____ PO # _____

Requisition Form

BILL TO: Butte Falls School District 91
 P.O. Box 228
 Butte Falls, OR 97522-0228
 Phone: (541)865-3563/Fax: (541)865-3217

SHIP TO: Butte Falls School District 91

 Butte Falls, OR 97522

Company: _____
 Address: _____

NOTICE: This order is valid only for the CURRENT school year (July 1-June 30). NO AUTOMATIC RENEWALS WILL BE ACCEPTED. SHIP ORDER AS COMPLETE AND AS SOON AS POSSIBLE. INVOICES RECEIVED WITHOUT P.O.# MAY HAVE PAYMENT DELAYED.

Quantity		Stock Number	Item (Complete Description)	Unit Cost	Total Cost
Ordered	Received				
Shipping & Handling					
Total					

Special Instructions: _____

Year	Fund	Function	Object	Location	AR	Amount

Request Date: _____ Requested By: _____

Date Approved: _____ By District: _____

EFFECTIVE NOV 25, 1985, ALL CHEMICAL MANUFACTURERS, IMPORTERS, AND DISTRIBUTORS DOING BUSINESS IN OREGON MUST INCLUDE MSDS AND LABELS WITH INITIAL SHIPMENTS OF CERTAIN HAZARDOUS CHEMICALS. COMPLIANCE IS REQUIRED BY OAR 437, DIVISION 155.