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 Received	Date Completed	Estimated Delivery Date

Qty	Item #	Description	Vendor	Unit Price	Line Total

** This section to be complete by Purchasing Dept. Order Total

Order Completed By

Order #

1. All forms must be scanned and emailed to Leslie Blom or sent via Inter-Office mail to Finance Department.
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 business 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 LESLIE BLOM AS SOON AS POSSIBLE.

Employee Signature | Date

Supervisor Signature | Date