TO: BARNWELL COUNTY BUSINESS OFFICE

DATE: _____

* Return this form, signed, to the Business Office
* after items are delivered.
* **********

QUANTITY	GIVE FULL DESCRIPTION OF EACH ARTICLE ON SEPARATE LINE	PO NUMBER
	Item # Mfg #	
	Item # Mfg #	
	Item # Mfg #	
	Item # Mfg #	
	Item # Mfg #	
	Item # Mfg #	
	Item # Mfg #	

CHARGE TO ACCOUNT #		Requested By:
REMARKS:		Title:
		Department:
		Received By:
		Date Received:
		Order Filled By: