**SUPPLY ORDER FORM**

**TRI-COUNTY HEAD START/EARLY HEAD START**

**Bill to: Tri-County Community Council, Inc., P.O. Box 1210, Bonifay, FL 32425**

**VENDOR**: Date Order Requested:

Catalog Code (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SHIP TO CENTER***:

STREET:

CITY: STATE: ZIPCODE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QTY | Item # | Item Description | Cost/each | Cost/Total |
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|  |  | % of Discount |  |  |
|  |  | %/cost of shipping & handling |  |  |
|  |  | **GRAND TOTAL OF ORDER** |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED BY PROGRAM OR CENTER COORDINATOR

DIRECTOR’S INITIALS DATE APPROVED\_\_\_\_\_\_\_\_\_\_\_\_

DATE ORDERED HOW\_\_ BY WHOM

7/21nt