

REQUEST FOR MATERIALS

Revised 07/18

NCKSEC INTERLOCAL #636

P.O. Box 369
Phillipsburg, KS 67661

Email ljohnson@ncksec.net
Fax: 785-543-6654

Phone: 785-543-2149

www.ncksec.net

INSTRUCTIONS:

Date: _____

1. Print legibly or type.
2. Use a separate sheet for each vendor.
3. Fax to the NCKSEC Central Office when completed.

Name _____ USD _____ Elem. Jr. High Sr. High
(Circle One)

Company: _____ Co. Fax Number: _____

Mailing Address: _____
_____ Zip _____

OFFICE USE ONLY A/C #

Page #	Qty	Item Number	Title/Description	Unit Price	Total

Please explain why these items are necessary and how they will be used: **Total:**

Principal Approval _____
Director Approval _____