WOOD RIVER FIRE AND RESCUE

REQUISITION

REQUESTED BY:	TELEPHONE NUMBER :	P.O. # :	DATE OF REQUEST:	DATE REQUIRED BY:

o **TAX / BILLNG FUND BILLABLE** ☐ **FIRE / AMBULANCE BILLABLE**

SUGGESTED VENDOR (IF SOLE VENDOR STATE REASON):

COMPANY NAME: _____

ADDRESS: _____

_____

TELEPHONE NO.: _____

CONTACT: _____

SHIP TO:

WOOD RIVER FIRE AND RESCUE

ADDRESS: **410 Green Street P.O. Box 92**

Wood River, NE 68883

PHONE & FAX: **308/583-2541**

ATTENTION: _____

ORDER QTY.	UNIT OF MEASURE	DESCRIPTION	ITEM NUMBER OR CATALOG NUMBER	UNIT PRICE	TOTAL

Please fill out all required fields submit before the meeting.

****UPON RECEIPT OF ORDER, PLEASE FAX OR SUBMIT A COPY OF THE PACKING SLIP/ RECIEPT SIGNED & DATED.**
Thank You!

APPROVED BY:_____

Rev. 01/06