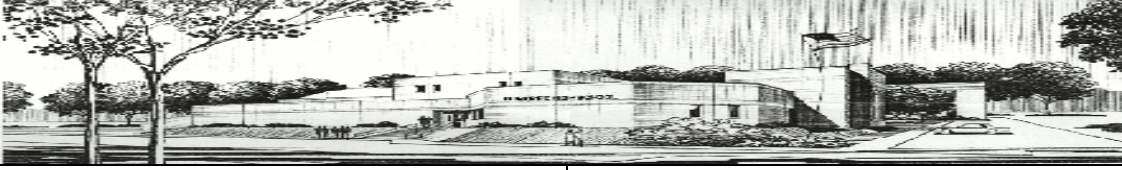


**PO#**

**Fax: 304-775-2922**  
Hundred, WV 26575



Date:	School Account Name/Account#
Vendor Name and Address	
	Person Requisitioning
City, State, and Zip	
Vendor Phone#	
	Principal's Signature
Vendor Fax #	

[illegible]