# PURCHASE REQUEST

**South Central Child Development Inc**
**401 Walnut Ave SW**
**Wagner SD 57380**
**605-384-3683**
**Fax 605-384-5696**

DATE _____

Page 1 of _____

**VENDOR** _____

Fax # _____

Phone # _____

**SHIP TO** _____

| Requested By | DELIVERY DATE |
|---|---|
| | |

Program: ☐ Head Start ☐ Day Care Line Item: _____

| QTY | ITEM # | DESCRIPTION | For what unit | UNIT PRICE | LINE TOTAL |
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