LOCAL PURCHASE REQUEST

Date	Name of Business		
For		Amount \$	
Charge to			_
	(Activity Fund / Lunch Program / Distr	ict Fund)	
McCrory School District			
PO Box 657	Sponsor	Sponsor	
McCrory, AR 72101			
<i>870-731-2535</i>	0-731-2535 Principal/Supervisor		