Requested By	/ :	East Central Kansas Cooperative in E	Date	_
endor Name	e and Complete A	nddress:		
endor Phon	e:	Fax:		
Quantity	Item No.	Item Description	Price Ea	Total
Zaarrerey	item ivo.	item bescription	THE EU	Total
	1		Total Amt	

Director Signature	Annrove	Not Approve
Director Signature	Approve	NOT Approve