

JANITORIAL SUPPLIES

RIO GRANDE CITY CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

TO: BUSINESS OFFICE

DATE: _____

FROM: _____

BUDGET NO: _____

SUPPLIER:

FUND NO.: _____

WORK ORDER NO: _____

QUANTITY	SIZE	DESCRIPTION	QUANTITY	SIZE	DESCRIPTION
_____	___	BLEACH	_____	___	LIQUID HAND SOAP
_____	___	BROOMS	_____	___	SPRAOL
_____	___	AJAX	_____	___	GARBAGE BAGS
_____	___	CHALKBOARD CLEANER	_____	___	DEODORANTE BLOCKS
_____	___	GOOD SENSE	_____	___	SPOT REMOVER
_____	___	PINE-O-PINE	_____	___	MEASURE UP
_____	___	RAGS	_____	___	VACCUM CLEANER BAGS
_____	___	WASTEBASKET	_____	___	GLOVES
_____	___	TOILET PAPER	_____	___	S.D. 20
_____	___	TOWEL PAPER	_____	___	URINAL SCREEN
_____	___	FOLD TOWELS	_____	___	MOP HANDLE
_____	___	WATER MOPS	_____	___	LIQUID BOWL CLEANER
_____	___	WINDEX	_____	___	LIQUID FLOOR SOAP
_____	___	CARPET FRESHNER	_____	___	LIQUID WAX
_____	___	FURNITURE POLISH	_____	___	LIQUID STRIPPER
_____	___	DUST PANS	_____	___	LIQUID SEALER
_____	___	OTHER SPECIFY	_____	___	OTHER SPECIFY

Repairs and/or Contructions:

Dept. or School: _____

Received By Signature _____ Date _____

Requested By: _____

Job Completed By Signature _____ Date _____

Principal, Coordinator/Dept. Head _____ Date _____