1455 West Lake Street
Mineapolis, MN 55408-2666

SONS OF NORWAY

Lodge Supply requisition Form

Form No.	Quantity	Description orTitle of the Item	Unit Cost	Total
			Grand Total:	

The materials listed above should be sent by: ____ /____ /____

Name:_____ Title:_____

Address:_____ Daytime Phone: ( ) _____

City:_____ State/Province:_____

Zip:_____ Lodge District & No.:_____ Date:_____

Retain duplicate and send original. An invoice will be sent to you for cost items. Please return the invoice with your payment.

LSR318 (3/04)