

# HEAD START INK CARTRIDGE REQUEST

**CENTER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_  
Yes No

Cartridge Number: \_\_\_\_\_ Black  
Cartridge Number: \_\_\_\_\_ Color  
Cartridge Number: \_\_\_\_\_ Y M C  
Total for Color: \$ \_\_\_\_\_  
(CO ONLY)

**NAME:** \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_  
Yes No

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Cartridge Number: \_\_\_\_\_ Color  
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(CO ONLY)

Fax (573) 431-2129 or email ([claramore@eastmoaa.org](mailto:claramore@eastmoaa.org)) this form to Central Office every Friday!  
Orders at CO will be made every Monday.

Revised August 2017