MISSISSIPPI COUNTY, ARKANSAS, E.O.C.
EARLY CHILDHOOD EDUCATION DEPARTMENT

Documentation Of Supplies/Information Received

Center Name:_____ **Classroom:**_____

The signature below indicates that I have received supplies, information, and/or items as specified.

Enter Materials Received below	Funding Source			By Whom Parent/Guardian/Staff	Date Received	Date Returned (if applicable)
	HS	EHS	ABC			

To be completed by staff/parent receiving supplies or materials. Copy to be retained by supervisor and original should be forwarded to the Central Office

Name of Teacher/Distributor:_____ **Center Operations Specialist:**_____