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| TEACHER:  |   | NORTH EAST SCHOOL DISTRICT | BUILDING:  |   |
| DEPARTMENT: |   | SUPPLIES | DATE: |   |
| SUBJECT: |       | 610 |  |
| GRADE:  |       |  |  |
| CATALOGUE NO & DATE:  |   |
| (NOT SUPPLIES ON BID LISTS-TEACHING, GUIDANCE, MEDICAL) |
| **Page No.** | **Catalog Item Number** | **Article Name or Description** | **Unit of Measure** | **Quantity Requested** | **Unit Price** | **Total Price** |
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| MANUFACTURER/SUPPLIER – Name: |   | SUBTOTAL |  |
| Address |   | SHIPPING & HANDLING |       |
| Zip Code: |   |  |  |
| Telephone Number: |   | Fax Number: |       | TOTAL THIS PAGE |  |
| **REQUEST REVIEWED BY DEPT. CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED: \_\_\_\_\_\_\_\_ DISAPPROVED: \_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| REQUEST REVIEWED BY PRINCIPAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED: \_\_\_\_\_\_\_\_ DISAPPROVED: \_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NOTE: ALL INFORMATION IS NEEDED IN DETAIL BEFORE ORDER WILL BE PROCESSED. | Two copies distributed following administrative approval/funding: |
|  | 1. Department Chairperson |
|  | 2. Teacher |
| ACCOUNT CODE:  |   | Principal Retains Original |