



Tazewell Co/Area Education for Employment 320

PURCHASE REQUISITION

Fax: 309-353-1350



Note: All fields are required. If shipping cost is unknown, add 10%. If shipping is free, insert a 0 in the field.

High School

K - 8

Date:

Name of District:

CTE Program Area:

CTE Instructor:

Vendor Name:

Vendor Street Address:

Vendor City, State, Zip:

Vendor Phone:

Briefly describe how requested item(s) will enhance CTE curriculum and/or instruction:

CTE Course(s) impacted:

Qty	Item Number	Item Description	Unit Price	Total Price
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

See attached materials

Sub Total

\$

Signature Required:

Shipping/Handling

(If shipping is unknown, add 10%. If shipping is free, insert a zero. Do not leave field blank.)

Secondary Sites--Board of Control

TOTAL

\$

Elementary Sites--Principal

System Director

For Office Use Only

Grant and Budget Line Item: