Region One ESC

Programs for Students with Visual Impairments **DRAFT** **REQUEST FOR VI/O&M MATERIALS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Person completing this form:** |  | **Date:** |  |

|  |  |
| --- | --- |
| **Vendor Information:** |  |
| **x** |  |
| **Address** |  |
| **City/State/Zip** |  |
| **Telephone** |  |
| **Fax** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quantity** | **Catalog Number** | **Item(s) Description** | **Unit Cost** | **Total** |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  |  |  | $ | $0.00 |
|  | | **SHIPPING CHARGES** |  | $ |
| **TOTAL** |  | $0.00 |

**Justification for the purchase**

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**District**

***BELOW THESE LINES FOR REGION 1USE ONLY***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPROVED: |  | | | DISAPPROVED: |  | COMMENTS: |  | | |
| BUDGET CODE(S): | | |  | | | | | | |
| RECEIVED BY: | |  | | | | |  | DATE: |  |