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: |       |