Quilcene School District
Purchase Order Request

Name of Student: __________________________

SLP Consultant (please CC them): ____________________

Recommended Vendor: ___________________________
Address: ______________________________________
___________________________________________, _____ Zip _____

Phone: ________________________________
Fax: ________________________________
Website: ________________________________

Special Instructions (if any) __________________________

<table>
<thead>
<tr>
<th>Student</th>
<th>Class</th>
<th>Quantity</th>
<th>Unit</th>
<th>Description (include order #, page #, brief description)</th>
<th>Cost Each</th>
<th>Total Cost</th>
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Sub -Total
Tax
Shipping
TOTAL

Date: __________________________

Parent Name: __________________________

Dept. or FTE: P E A R L Program

Year: 2016/2017

Administrator’s Signature __________________________ Date __________________________

After approval, the originator will receive a copy of the purchase order.

PO req. form 10/13