Send To: CESA 8
ATTN: Director of Special Education
223 West Park Street
P.O. Box 320
Gillett, WI 54124-320

CESA 8 SPECIAL EDUCATION PURCHASE REQUISITION

(Note: ONE COMPANY PER PAGE)

DATE: _____ REQUISITION NUMBER:_____
Office Use Only

VENDER INFORMATION	PURCHASER'S INFORMATION
Company Name: _____ Address: _____ _____ Phone/Fax #: _____ ***Office Use Only*** Vender # _____	Teacher Name: _____ District Location: _____ Mail Order To: _____ _____ ***Office Use Only*** Vender # _____

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT COST	TOTAL COST

Page Total
Shipping/Handling
TOTAL

Signature: _____ Date: _____

Director Approval: _____ Date: _____

For Office Use Only

YR	FD	LOC	OBJ	FUNCTION	PROJ	

Purchase Order #:_____
Date: _____

WHITE – COMPANY CANARY – OFFICE PINK – TEACHER