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| **Perkins Purchase Request** | | | | | | | | | | | **Ordering Deadline November 14,**  **2014** | | | | |
| **Submit to:** SOESD/CTE Dept. Phone: (541) 776-8593 101 N. Grape St., Medford, OR 97501 Fax: (541) 770-8095  [cte@soesd.k12.or.us](mailto:cte@soesd.k12.or.us) | | | | | | | | | | | **Unsigned or incomplete orders will be returned!** | | | | |
| **THE SOESD IS NOT EQUIPPED TO PROCESS INTERNET ORDERS**  **Please call vendor and ask it they accept purchase orders.** | | | | **Date Requested:** | **Deliver to:** | | **Please check ONE:**  \_\_ Vendor will only take credit card  \_\_ Vendor will take a purchase order and will invoice  \_\_ Vendor needs both a purchase order AND a check  **METHODS OF PAYMENT MUST BE VERIFIED BY TEACHER** | | | | | | | | |
| **Teachers Name** | | | | | | | **Department:** | | | | |
| **Phone:** | | | | | **Email:** | | | | | | |
| **School Name:** | |  | | | | | | | | | |
| **School Address:** | |  | | | | | | | | | |
| **INDIVIDUAL ITEMS OVER $2,500 PER ITEM REQUIRE THREE (3) QUOTES:**  1) List the three vendors contacted. 2) Attach the prices quoted 3) CHECK the vendor you would like to use (if the vendor you choose is not the lowest price, explain why). **ALL ORDERS MUST CONTAIN BACKUP SHOWING PRICE FOR ITEM – (this may consist of a quote, catalog page, webpage, etc.)** | | | | | | | | | | | | | **PLEASE DO NOT FAX ORDERS** | | |
|  | | | **VENDOR 1** | | | | | **VENDOR 2** | | **VENDOR 3** | | | | | |
| **COMPANY NAME:**  **Address City, State, Zip** | | |  | | | | |  | |  | | | | | |
| **CONTACT NAME:** | | |  | | | | |  | |  | | | | | |
| **PHONE:** | | |  | | | | |  | |  | | | | | |
| **FAX:** | | |  | | | | |  | |  | | | | | |
| **Quantity** | | **Unit** | | **Item#** | | **Description** | | | | | | **Unit Price** | | **Total Price** | |
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| **IMPORTANT: INDICATE SHIPPING AND HANDLING CHARGES:** | | | | | | | | | | | | | |  | |
| **TOTAL:** | | | | | | | | | | | | | | s | |
| **Check Core Element(s) according to your 4 Year Perkins Plan:**  **XX Standards and Content Student Support Services Professional Development Alignment and Articulation Assessment and Evaluation** | | | | | | | | | | | | | | | |
|  | **Approved By: District Authorized Signature Date:** | | | | | | | | | | | | | |  |
|  | **Approved By: Tech Department Signature Date: \_** | | | | | | | | | | | | | |  |
|  | **Approved By: CTE Coordinator Date:** | | | | | | | | | | | | | |  |