

PURCHASE REQUEST SUBMISSION DEADLINE:

Nov 15
2022

SUBMIT TO:

Southern Oregon CTE 101 N. Grape St. Medford OR 97501 Phone: (541)776-8593 Fax: (541)770-8095 Email: cte@soesd.k12.or.us Requests without

electronic signatures and live links will be returned!

DATE REQUESTED:	DELIVER TO:		METHOD OF PAYMENT MUST BE VERIFIED BY TEACHER PLEASE SELECT ONE:				
TEACHER NAME:				DEPARTMENT:			
TEACHER PHONE:		TEACHER EMAIL		IAIL:			
SCHOOL NAME:							
SCHOOL ADDRES	SS:						

ALL REQUESTS REQUIRE A QUOTE. THREE (3) QUOTES ARE REQUIRED FOR PURCHASES TOTALING \$5,000 OR MORE.

- 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 they are your choice).

ALL ORDERS MUST CONTAIN BACKUP SHOWING PRICE FOR ITEM

This may consist of a quote, catalog page, webpage, etc.

ALL PERKINS DOCUMENTS WILL REQUIRE ELECTRONIC SIGNATURES

For maintaining live links for purchasing, conventions, conferences and quotes, we are requiring that all documents be authorized using electronic signatures. If you do not have one, please click on the signature box on the next page, above your title, for instructions on how to create one.

		VENDOR 1			VENDOR 2		VENDOR	3		
COMPANY NAME: Address City, State, 2	Zip									
CONTACT:										
PHONE:										
FAX:										
WEBSITE:										
QUANTITY	UN	NIT	ITEM NUMBER		DESCRIPTION		PRICE	TOTAL		
IMPORTANT: INCLUDE SHIPPING AND HANDLING CHARGES										
Hardwar	e/softv	ware w	ill require the signa	ture fi	rom your district tech departmen	nt.	TOTAL			
APPROVED BY (Electronic Signature of SOCTEC School District Representative)										
APPROVED BY (Electronic Signature of Tech Department, if necessary)										
APPROVED	ВҮ	(F	lectronic Signature	of the	e Regional CTE Coordinator of R	egion	DATE:			
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