

# 2023-2024 Special Education Purchase Request

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

(Providing the fax number will expedite your order.)

Order Placed By: \_\_\_\_\_

1. Please provide the company's complete mailing address.

2. Be sure to include shipping and handling charges. If not available, estimate at 20%.

3. Attach a copy of the catalog page covering this order.

4. Must have an authorized signature.

Area: High School \_\_\_\_\_

Rippleside \_\_\_\_\_

Children's Center \_\_\_\_\_

Alt School \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Note: This area must be completed by the person making the purchase request.**

**Please answer the following questions by circling YES, NO or N/A:**

- |  |     |    |     |
|--|-----|----|-----|
| 1. In the absence of special education needs, would this cost exist?                 | Yes | No |     |
| 2. Is this cost also generated by students without disabilities?                     | Yes | No |     |
| 3. If it is a child-specific item or service, is it documented in the student's IEP? | Yes | No | N/A |

**What disability code does the purchase pertain too?**

- |  |                           |  |
|--|---------------------------|--|
| ___ 400 General Sped - costs that are not reimbursable for state or federal aid - use Fin Code 000 | ___ 406 Visually Impaired | ___ 411 Autistic Spectrum Disorders        |
| ___ 401 Speech/Language Impaired   | ___ 407 SLD               | ___ 412 Developmentally Delayed            |
| ___ 402 DCD:MM   | ___ 408 EBD               | ___ 414 Traumatic Brain Injury             |
| ___ 403 DCD:SP   | ___ 409 Deaf-Blind        | ___ 416 Severely Multiply Impaired         |
| ___ 404 Physically Impaired  | ___ 410 OHD               | ___ 420 Aggregate (3 or more disabilities) |
| ___ 405 Deaf/Hard-of-Hearing   |                           |  |

**Please explain how this will be used to meet the needs of special education students:** \_\_\_\_\_

Item Number	Description	Quantity	Unit Price	Total Cost
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<b>Authorization by Building Principal:</b>			Sub Total	.
<b>Date</b>			Shipping	.
<b>Charge Code 01- 00-4 -000-749- 401 (Teacher Supplies) or 433 (Instructional Materials)</b>			<b>Total</b>	.

Note: A copy of the Education Department General Administrative Regulations (EDGAR) is available on the G drive.