FY 10-11
DISTRICT PURCHASE REQUEST

Edinburg C.U.S.D. #4
100 East Martin Street
Edinburg, IL 62531
Phone: 217-623-5239
Fax: 217-623-5604

Vendor: _____
Address: _____
Address 2: _____
City, State: _____
Zip: _____
Phone:
Fax:
Email: _____

Request made by: _____
Date: _____

Special Notes: _____

*Check **All** Boxes That Apply:*

Gifted		Title I-Low Income		Interscholastic		Technology		Elem-clsrm	
Pre-K		Title II-Teacher Qual		Guidance		Café		Jr. High-clsrm	
Reading Imprvmnt		Title IV-Drug Free		Principal		Fiscal		H.S.-clsrm	
Safety/Ed Imprvmnt		Title V-Innovative		Superintendent		Building		Other(explain)	

Catalog No.: _____

Page	Qty	Item #	Description	Unit Price	Extended Price
				Subtotal	$
				Shipping & Hand	
				Total	$

PRINCIPAL Date

SUPERINTENDENT Date