



Central Illinois Vocational Education Coop
Education for Employment 200
PURCHASE REQUISITION
email: civec@mths.us

Note: All fields are required. If shipping cost is unknown, add 10%. If shipping is free, insert a 0 in the field.

High School Elementary

CTEI PERKINS

Date:
Name of District: CTE
Program Area: CTE
Instructor:
Vendor Name:
Vendor Street Address:
Vendor City, State, Zip:
Vendor Phone:
Vendor Sales Dept. Email:

Briefly describe how requested item(s) will ENHANCE CTE curriculum and/or instruction:

[Large empty box for describing item enhancement]

CTE Course(s) impacted:

[Empty box for impacted CTE courses]

Table with 5 columns: Qty, Item Number, Item Description, Unit Price, Total Price. Multiple empty rows for item entry.

See attached materials

Sub Total

\$ [Empty box for sub total]

Signature Required:

Shipping/Handling

(If shipping is unknown, add 10%. If shipping is free, insert a zero. Do not leave field blank.)

[Empty box for shipping/handling cost]

Secondary Sites--Superintendent/Principal

TOTAL

\$ [Empty box for total price]

Elementary Sites--Superintendent/Principal

System Director

For Office Use Only

Grant and Budget Line Item:

[Large empty box for grant and budget line item]