

DATE SENT TO IT _____ DATE RECEIVED IT _____
---

**IT EQUIPMENT REQUISITION FORM**  
**PLEASE MAKE A DUPLICATE COPY OF THIS ORDER BEFORE SENDING TO IT**  
**USE SEPARATE FORMS FOR EACH COMPANY**

TEACHER'S NAME \_\_\_\_\_  
 SCHOOL \_\_\_\_\_  
 NAME OF COMPANY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 BUSINESS PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

APPROVED _____  DISAPPROVED _____  _____ SIGNATURE OF PURCHASING SUPERVISOR
--

QTY	PRODUCT #	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL OF ORDER: \_\_\_\_\_  
 SHIPPING & HANDLING CHARGES: \_\_\_\_\_  
 TOTAL ORDER: \_\_\_\_\_