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| TEACHER:  |       | NORTH EAST SCHOOL DISTRICT | BUILDING:  |       |
| DEPARTMENT: |       | PURCHASED PROFESSIONAL AND | DATE: |       |
| SUBJECT: |       | TECHNICAL SERVICES |  |
| GRADE: |       | 329 |  |
|  | ONE SUPPLIER PER PAGE |
|  |  |
| **Professional or Technical Services to be Provided** | **Unit of Measure** | **Quantity Requested** | **Unit Price** | **Total Price** |
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| TOTAL THIS PAGE |  |
| SUPPLIER OF SERVICES – Name:  |       |
| Address: |       |
| City, State, & Zip Code: |       | Telephone Number: |       | Fax Number: |       |
| **REQUEST REVIEWED BY DEPT. CHAIR: APPROVED: DISAPPROVED:­­­­**  **DATE:**   |
| REQUEST REVIEWED BY PRINCIPAL: APPROVED: DISAPPROVED: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NOTE: ALL INFORMATION IS NEEDED IN DETAIL BEFORE ORDER WILL BE PROCESSED. | Two copies distributed following administrative approval/funding: |
|  | 1. Department Chairperson |
|  | 2. Teacher |
| ACCOUNT CODE:  |       | Principal retains original copy. |