



REQUEST FOR NEW LOW INCIDENCE EXPENDITURE

PLEASE ORDER THE EQUIPMENT FROM THE FOLLOWING VENDOR/COMPANY (one vendor per order):

Contact Name: _____
 Contact Email: _____
 Vendor/Company Name: _____
 Address: _____
 City/State/Zip: _____
 Phone #: _____ FAX #: _____
 Date Submitted: _____

Other Specifications: _____

Quantity	Model #	Description of Equipment (Include manufacturer's name, additional parts, accessories as needed.)	Price
		1.	\$
		2.	\$
		3.	\$
		4.	\$
		5.	\$
		6.	\$
		7.	\$
		8.	\$
		SUBTOTAL:	\$
		<i>Tax (current %):</i>	\$
		<i>Shipping Cost:</i>	\$
		<i>Discount:</i>	\$
		GRAND TOTAL:	\$

EQUIPMENT TO BE DELIVERED TO THE FOLLOWING LOCATION:

School Name: _____ Location Code: _____

School Address _____

Delivery Location (Room #): _____

Student Name: _____ DOB: _____ Provider/Therapist Name: _____

Eligibility per IEP: DEA DBL HOH OI MD-H MD-V VI MDO