



# STAMFORD PUBLIC SCHOOLS HTE ORDER FORM GRANTS AND FUNDED PROGRAMS

Requisition # \_\_\_\_\_

Requisition For: \_\_\_\_\_

Requesting \_\_\_\_\_

Person

P.O. # \_\_\_\_\_

Ship to

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Funding Source \_\_\_\_\_

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Grants Office use only)

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ FAX # \_\_\_\_\_

Qty.	Vendor Part Number	Description	Unit Cost	Sub Total	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Sub-Total					
Shipping & Handling					
Grand Total					

Please print clearly and use current catalogs.

Date Input: \_\_\_\_\_