

EAST RAMAPO CENTRAL SCHOOL DISTRICT
 105 S MADISON AVE. SPRING VALLEY, NY 10977 (845-577-6070)

"LB"

FORM 20____ 20 BUDGET REQUEST **LIBRARY BOOKS**

SCHOOL _____

DATE _____

INSTRUCTIONS: SUBMIT **FOUR (4)** COLLATED COPIES. USE SEPARATE FORM FOR EACH SUPPLIER. DO NOT FORGET SHIPPING WHEN APPLICABLE. **USE CURRENT CATALOGS AND CURRENT PRICES.**

SUGGESTED SUPPLIER _____
 ADDRESS _____

PHONE (800) NO. _____ (CHECK HERE IF SUPPLIER'S ORDER FORM USED _____)

TYPE OF BINDING _____

PROCESSING REQUIRED _____ (For additional pages use blank sheets with school name
 Typed on top) PAGE 1 OF _____ PAGES

CARD SET REQUIRED _____

QTY	AUTHOR	TITLE	PUBLISHER	DATE	PRICE

****YOU MUST INDICATE SALES REPS.NAME, QUOTE/REF#,IF DISCOUNT/SPECIAL PRICING AND SHIPPING ARE INCLUDED****

TOTAL NUMBER BOOKS ON THIS LIST @ _____ - _____ DEPARTMENT _____

TOTAL NUMBER TO BE PROCESSED @ _____ - _____

TOTAL BOOKS TO BE FURNISHED W/ @ _____ - _____ PRINCIPAL'S SIGNATURE _____

+SHIPPING (if applicable) _____

TOTAL= _____ ASI. SIGNATURE _____