REQUEST DATE_____ **PO #**_____

PURCHASE ORDER REQUEST

NORTHWEST INDIANA SPECIAL EDUCATION COOPERATIVE
2150 W. 97th Place Crown Point, IN 46307-2396
(219)769-4000 (219)769-4563 FAX
Federal Tax ID #35-1396399 Sales Tax Exemption #715665

DATE NEEDED: _____

VENDOR NAME

ADDRESS

SHIP TO: **CONFIRMING: YES ___ NO ___**

TEACHERS NAME **FUND:**

SCHOOL NAME/ADDRESS

QTY/UNIT	CATALOG #	DESCRIPTION	UNIT PRICE	TOTAL
			SUB-TOTAL	
			Shipping Chg	
			GRAND TOTAL	

Completed worksheets must be forwarded to your supervisor for approval prior to processing.

_____ Assistant Director

_____ Director Account _____

(Rev. 2000)