Pacific Charter Institute

STUDENT SPECIAL ORDER REQUEST

<u>Student Name</u>		SSID #	<u>Vendor Information</u>			
<u>School/Location</u>			Name:			
			Address:			
Requested By:			 City, State ZIP:			
Date of Request:			— Email:		·	
Notes:			Phone:			
NOIES.			Fax:			
			Shipping Loca			
QUANTITY ITEM NO.			RODUCT DESCRIPTION UNIT COST		UNIT COST	TOTAL
1.						
2.						
3.						
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18.						
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20.						
					Subtotal:	
Completed B	v:				_	
				- Shippir	ng & Handling:	
REMINDERS - Please make sure the Vendor accepts Purchase Orders - Requests must be submitted by end of business day February 28, 2020 - Items on the request must be for use for the 2019-2020 school year - Requests for 2020-2019 will be processed on or after July 1, 2020 and distributed on the first day of school for returning students					Grand Total:	