**Materials and/or Assistive Technology Requisition Form**

Hillsboro Community Unit School District #3

| Name: | Title: |
| --- | --- |
| Date: | District: |
| School: | Students Name: Grade: |

**One company per requisition- company information must be complete.**

| Company: | Website: |
| --- | --- |
| Phone: | Fax: |
| Address: |  |

**Please attach a copy of the webpage or catalog page to ensure the correct item is ordered.**

| **Item #** | **Quantity** | **Item Name** | **Unit Cost** | **Total Cost** |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Sub Total** |  |  |
|  |  | **Shipping & Handling** |  |  |
|  |  | **Total** |  |  |

**Approval Section:**

Special Education Program Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Grant Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_