educational service center
of Central Ohio

2080 CITYGATE DRIVE
COLUMBUS, OH 43219
614.445.3750 I www.escco.org

ARP Homeless II– PO Requisition

Contact Name:_____ Contact Phone: _____

Ship to: _____ Email address.: _____

District:_____ Date of Request: _____

Shipping Address:
Building: _____
Address:_____
City,State Zip Code _____

Check area of Expenditure Request

a Instructional Serv/Tutors (411) _____
b Expedited evaluations (419) _____
d Medical dental, mental & Health services (419) _____
f Early Childhood ed Program. (411) _____
i Enrollment/transferring health records (419) ___ ___
k Coordination between school & agencies (419) ___
m Domestic violence & parental mental health (419) ____
o School Materials (511) _____
q Wrap around Services (419) _____
s Supplemental transport/attend school/activities (419)_____
u Staff for identification & Support (419) _____
w Store cards/prepaid debit card (419) ____

h Before & After School/Mentoring/Summer (419) _____
c Professional Dev/Purch Service (412) _____
e Excess Costs Transportation (410) _____
g Attract, engage, retain homeless children (419) _____
j Family/Comm Purchase Service (419) _____
l Special.Instruction Support/prevention/counseling/referrals (419) ___
n Space adaptation (519) _____
p Extraordinary Emergency Assistance (419) ____
r Hygiene Products (510) _____
t Tech Devices/Cell Phone/mobile hotspots(519) ____
v Short-term, Temporary Housing (419)____

Vendor Name: _____ Vendor Phone:_____
Address:_____ Vendor Fax:_____
City/State/Zip: _____ Vendor No. (ESCCO) only: _____

Items/Services to be ordered:

QTY	Type	Catalog #	Description (Supplies/Services)	Unit Price	Total Price
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00

Requisition Number: _____
Requisition Date: _____

ESCCO ONLY	FUND	FUNC	OBJ	SCC	JOB
	507	_____	_____	9302	_____

Subtotal:	$ 0.00
Shipping:	
Total:	$ 0.00

District authorized signature_____