educational service center
of Central Ohio

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

# Title III – LEP Grant – PO Requisition

Contact Name: _____

Contact Phone: _____

**Ship to:** _____

Fax No.: _____

District: _____

Date of Request: _____

Building: _____
Building Address: _____
_____
_____
City/State/Zip: _____
_____
_____

Type of Request:
- Instr Serv/Tutors (411) _____
- Prof Dev/Purch Service (412) _____
- Family/Comm Pur Serv(419) _____
- Supp Serv/Interpreters (419) _____
- Nonpublic Service (419) _____
- Travel/Meetings (430) _____
- Instructional Mat. (511) _____
- Instruct Software (516) _____
- Family/Com Supplies (519) _____
- Nonpublic Supplies (519) _____
- Prof Dev Supplies (519) _____

Vendor Name: _____
Address: _____
City/State/Zip: _____

Vendor Phone: _____
Vendor Fax: _____
Vendor No. (ESCCO) only: _____

**Items to be ordered:**

| QTY | Type | Catalog # | Description | Unit Price | Total Price |
|---|---|---|---|---|---|
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
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| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |
| | | | | | $ 0.00 |

Requisition Number: _____
Requisition Date: _____

| | |
|---|---|
| Subtotal: | $ 0.00 |
| Shipping: | |
| **Total:** | $ 0.00 |

| TI | FUND | FUNC | OBJ | SCC |
|---|---|---|---|---|
| __ | 551 | _____ | ____ | 9400 |

**Director: Your Supervisor's signature** _____

**E-mail Requisition and Vendor W-9 plus order quote to: Susan.Cronin@escco.org**
**P: 614.542-4118**