# New Richland-Hartland-Ellendale-Geneva Public Schools

Independent School District No. 2168



#### **District Office**

306 Ash Avenue South New Richland, MN 56072 (507)465-3206 Fax (507)465-8633 Michael Meihak, Superintendent

#### **Secondary School**

306 Ash Avenue South New Richland, MN 56072 (507)465-3205 Fax (507)465-8633 David Bunn, Principal

#### **Elementary School**

600 School Street Ellendale, MN 56026 (507)684-3181 Fax (507)684-2108 Craig Kopetzki, Principal

## Empowering students with knowledge and skills to succeed

Sı	pecial Education	Requisit	ion Form		
Person Requesting:		Date:		School:	
Vendor Name:			Vendor Phone:		
Vendor Address:			Vendor Email:		
Vendor Website:			Vendor Fax:		
Which one of the following is attached	(use "x" to signify):				
Completed Vendor Order Form	Printout of Online Shop		oing Cart	Quote from Vendor	
Student Use or Staff Use (use "x" to sig	nify):				
Student Use	Staff Use				
Total Cost:					
Special Notes:					
SPED Account Code:					
General Education Account Code:					
Approved By & Date:					

### **Requisition Field Definitions**

Attach one of the following: vendor's order form, printout of your online shopping cart, or a quote from the vendor.

Student or Teacher usage is important as this will determine which budget we use.

Shipping if the order form does not list shipping costs, estimate 15% of total.

Special Notes this section can be used for notes to the vendor or the office.