



SOUTHERN PLAINS EDUCATION COOPERATIVE
 1200 N. Park St. * Fairmont, MN 56031
 Phone (507) 238-1472 * Fax (507) 238-2361

Supervisor Signature: _____

Supply Requisition 2019-2020

EMPLOYEE: _____ PROGRAM & BUILDING: _____ SHIP TO: _____
 (ALC, Speech, EBD, SLD) (Artise, FES, USC)

PUBLISHER / COMPANY NAME _____ HOW TO SEND IN P.O. _____

ADDRESS _____

CITY / STATE / ZIP _____

FAX _____ PHONE _____

Qty.	Catalog or Ref. #	Name/Description of Item	Unit Cost	Total Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
			SUBTOTAL	\$
			SHIPPING	\$
			TOTAL	\$

*15% minimum per order or note company policy
 Please add shipping charges.*

SPECIAL EDUCATION REQUISITION FORM

Directions: Complete this form for all special education purchases. Incomplete forms will not be accepted.
Only items required for special education purposed should be listed on this requisition.

Special Education Instructional Supplies, Materials and Equipment Eligibility and Necessity Determination Questions

- 1. In the absence of special education needs, would this cost exist? **YES OR NO**
- 2. Is this cost also generated by students without disabilities? **YES OR NO**
- 3. If the purchase is for a child specific service, is the service documented in the student's IEP?
(Example: Is the game you're purchasing aiding in a goal of a student?) **YES OR NO**
If yes, indicate students initials _____
If you answered NO to questions 1 & 2, the supplies and materials are *eligible expenditures*.
If you answered YES to Question 3, the supplies and materials are *eligible expenditures*.

Person Submitting Request:

Name of Staff Member

Title of Staff Person

Date

Complete the requisition form on the reverse side and route as appropriate

7/1/2019