



SOUTHERN PLAINS EDUCATION COOPERATIVE

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

Supervisor Signature: _____

Supply Requisition 2023-2024

EMPLOYEE: _____ PROGRAM & BUILDING: _____ / _____ SHIP TO: _____
(ALC, Speech, EBD, SLD) (Arise, 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	\$
			15% minimum per order or note company policy Please add shipping charges.	<u>SHIPPING</u>	\$
				TOTAL	\$

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 purposes 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

Title of Staff

Date

Complete the requisition form on the revers side and route as appropriate.