



# GOODHUE COUNTY EDUCATION DISTRICT #6051

395 Guernsey Lane, Red Wing, MN 55066 • Phone 651.388.4441 • Fax 651.388.9557

## EDUCATION SUPPLIES AND EQUIPMENT REQUISITION

Requisitioner: \_\_\_\_\_ Date of Request: \_\_\_\_\_

For Use in Which District: \_\_\_\_\_  B-3  Pre K  Elem  Sec

Program: \_\_\_\_\_ Delivery Location: \_\_\_\_\_

Is this a special education item?  yes  no

In the absence of special education needs would this cost exist?  yes  no

Is this cost also generated by students without disabilities?  yes  no

If this is a child specific service/supply, is it documented in the student's IEP?  yes  no

Is the service/supply essential for the direct instruction for students with disabilities, in accordance with MN Statutes 125A.75-76?  yes  no

Is this cost for a special education program, rather than an individual student, for the direct instruction of multiple students with IEPs?  yes  no

Signature and title of person requesting materials: \_\_\_\_\_

Quantity	Item #	Item Description	Page #	Item Cost	Total Cost

*Attach catalog order and/or description if appropriate. Adequate number of price or rate quotations from three qualified sources for items costing over \$3000 must be documented on reverse. Attach price/quote copies.*

**Total:**

**VENDOR (CATALOG COMPANY) NAME:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

*Submit completed requisition form to Director. Following approval, a purchase order will be typed.*

### OFFICE USE

Account code: \_\_\_\_\_ Budget Approval: \_\_\_\_\_

Director/Coordinator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## PRICE OR RATE QUOTATIONS

*Adequate number of price or rate quotations from three qualified sources for items costing over \$10,000 must be documented on reverse. Attach price/quote copies.*

(Quote type = written proposal, internet, catalog)

Vendor Contact	Selected Or Rejected	Date	Price	Quote Type	Responsive to request: Items approved	Lowest Price	Non competitive only vender?