



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 |
|----------|--------|------------------|--------|-----------|------------|
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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 \$3000 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? |
|----------------|----------------------|------|-------|------------|---------------------------------------|--------------|------------------------------|
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