



Program Improvement Order Request Form

Date of Request: _____

Program/Classroom targeted for Improvement Funds: _____

Name & Address of School Requesting Order: _____

Name of School Contact/Phone Number/Email: _____

Principal's Signature: _____

Vendor Name: _____
(One Vendor Per Order Form)

Vendor Billing Address: _____

Vendor Phone Number: _____ Vendor Fax Number: _____

Vendor Website: _____

Purpose/Intent of Supplies & Equipment Requested: _____

****NOTE:** Use separate order form (copies) for each vendor
(Include vendor order forms, if available – Include Freight Charges)

Item Number	Quantity	(Supplies/Equipment) Description	Unit Price	\$ Amount
Special Notes:			Freight Charges:	
			TOTAL:	

RETURN REQUEST TO: Regional Office of Career & Technical Education (ROCTE)
2450 Foundation Drive, Suite 100, Springfield, IL 62703-5431
Ph: (217) 529-3716 / Fax: (217) 529-8361

Request Approved:

Request Denied: Reason for Denial - _____

Signature: _____

Mary Jo Wood, ROCTE Director