



ELEMENTARY CAREER GRANT
Mary Jo Wood, Director
Order Request Form

Date of Request: _____
 Name & Address of School Requesting Order: _____

 Name of Contact & Phone Number: _____
 School Instructor E-Mail Address: _____
 Vendor Name: _____
 Vendor Billing Address: _____

 Vendor Phone: _____ Vendor Fax: _____
 Date Purchase Needed by: _____

Item Number	Quantity	Description	Unit Price	Total
Special Notes:			Freight Charges:	
			TOTAL:	

In order to justify allowable expenditures, an adequate explanation is required on each resource on how these resources assist you to reach the goals of the Elementary Career Grant.

EXPLANATION: _____

BUILDING PRINCIPAL: _____ **DATE:** _____

(NOTE: Must be signed by Building Principal only, or form will be returned without approval. Principal's signature is assurance that funds are only expended for approved activities during the grant period.)

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