

PROGRAM IMPROVEMENT GRANT Purchase Request Form



INSTRUCTIONS

Use this form to request for PROGRAM IMPROVEMENT GRANT purchases. **Use separate form for each vendor.**

RETURN INFORMATION

Regional Office of Career & Technical Education (ROCTE)
 2201 Toronto Road, Room 283, Springfield, IL 62712-3808
 Phone: (217) 529-3716 Email: elizabetht@rocte.com

Date of request _____ Target Program _____
 Name of School _____ District _____
 Address of School _____, City _____ ZIP _____
 Name of Contact _____ Contact Email _____

Vendor Name _____
Vendor Billing _____
Vendor Contact _____ **Vendor email/phone** _____
Vendor Website _____ **Quote/reference #** _____

Please explain the purpose or intent of supplies/equipment:

PRINT – Prin/Supt		SIGN – ROCTE will not process without signature		Date	
Item ID/Ref. #	Quantity	Name/description of item	Unit Price	Amount	
----- ROCTE Use Only -----			Subtotal		
Request APPROVED DENIED Reason _____			S &H		
Signature _____			TOTAL		
Mary Jo Wood, ROCTE Director			Date		