

Delabar CTE System

Building Today's Students Into Tomorrow's Workforce

932 Harrison St.

Galesburg, IL 61401

Phone 309.345.3828



Equipment/Supply Request Form FY 24

Requests due no later than Dec 4, 2023

Please email completed form to: bstegall@roe33.net

THIS BOX FOR DELABAR ADMIN USE ONLY:

ORDER DATE: _____

BUDGET ACCOUNT CODE: _____ PAYMENT AMOUNT: _____

ISSUE PAYMENT TO: _____

Equipment/Curriculum Improvement items must be ordered by Delabar and billed to Delabar. Items will be shipped directly to the school district. When orders arrive, please send the packing slip(s) to the Delabar CTE System office so we know the items have arrived and notify the Delabar CTE Systems Office at the above number.

School District: _____

Vendor Name: _____

CTE Instructor: _____

Vendor Address: _____

Course(s) Impacted: _____

Vendor Phone/Fax/Website: _____

QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

TOTAL SHIPPING COST: _____

TOTAL AMOUNT DUE (FROM ALL PAGES): _____

Briefly describe how the purchase of this item(s) relates to Programs of Study and how its usage will be implemented in the classroom:

Approval:

DISTRICT ADMINISTRATOR SIGNATURE: _____ DATE: _____

SYSTEM DIRECTOR SIGNATURE: _____ DATE: _____

QTY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL:_____