

CATALOG ITEMS ORDER FORM
Purchasing Department
Lincoln Public Schools

Req. No. _____

Date _____

FOR ITEMS WITH LPS NUMBERS

School/Location Name _____ Location No. _____

Person Requesting _____ Total Dollars This Page _____

Centrally Funded? Yes No Consultant Approval _____ Central Office Approval _____

Principal's Signature _____

Account Number _____

—EQUIPMENT ITEMS ONLY—

***If installation by CMF, TMA Work Request must be entered.**

List items requiring installation or remodeling _____

Work to be done: _____

By vendor By CMF* _____

Qty.	Item #	Brief Description	Unit Cost	Total Cost	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

LPS ITEMS ONLY



Reduce
Reuse
Recycle

	Qty.	Item #	Brief Description	Unit Cost	Total Cost	Comments
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

31						
32						
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