

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						
33						
34						
35						
36						
37						
38						
39						
40						

41						
42						
43						
44						
45						
46						
47						
48						
49						
50						