



# **SECTION XII**

## **SAMPLE FORMS**

## SAMPLE FORMS

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COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59  
ELK GROVE TOWNSHIP, ILLINOIS

TO: KATHY LANGE  
FROM: JOYCE MCNEALY  
DATE:  
SUBJECT: ACCOUNT NUMBER CHANGE

THE FOLLOWING CODIFICATION CORRECTION HAS BEEN MADE:

PO NUMBER \_\_\_\_\_

VENDOR \_\_\_\_\_

INCORRECT ACCOUNT NUMBER

CORRECT ACCOUNT NUMBER \_\_\_\_\_

DISTRIBUTION:  
WHITE - ACCOUNTING  
YELLOW - PURCHASING  
PINK - SCHOOL/DEPARTMENT

Account Transfer Request

**Township High School District 214  
ACCOUNT TRANSFER REQUEST**

Date \_\_\_\_\_

**Form Use Criteria:** This form is to be utilized for all District account transfers.

Transfer <b>DEBIT</b> Account Number/s:	Amount/s:	Transfer <b>CREDIT</b> Account Number/s:	Amount/s:
1. _____	\$ _____	1. _____	\$ _____
2. _____	\$ _____	2. _____	\$ _____
3. _____	\$ _____	3. _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____

Reason for Transfer/s: \_\_\_\_\_

Requested by: \_\_\_\_\_ Approved By: \_\_\_\_\_

Program Adm: \_\_\_\_\_ Business Services: \_\_\_\_\_

District Business Office Use Only

Vendor No.	Description	Date Paid
------------	-------------	-----------

**BLUE PAPER**  
Revised 4-2010

**Township High School District 214  
ACCOUNT TRANSFER REQUEST**

Date \_\_\_\_\_

**Form Use Criteria:** This form is to be utilized for all District account transfers.

Transfer <b>DEBIT</b> Account Number/s:	Amount/s:	Transfer <b>CREDIT</b> Account Number/s:	Amount/s:
1. _____	\$ _____	1. _____	\$ _____
2. _____	\$ _____	2. _____	\$ _____
3. _____	\$ _____	3. _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____

Reason for Transfer/s: \_\_\_\_\_

Requested by: \_\_\_\_\_ Approved By: \_\_\_\_\_

Program Adm: \_\_\_\_\_ Business Services: \_\_\_\_\_

District Business Office Use Only

Vendor No.	Description	Date Paid
------------	-------------	-----------

**BLUE PAPER**  
Revised 4-2010



Date: September 19, 2006

To: APO's, Building Directors

From: Kari Fair, Purchasing

Re: Surplus Equipment Disposal Policy

This memorandum is a reminder of the Board's policy to dispose of surplus equipment.

Please review the policy below and save a copy for your reference. When the "Request for Approval to Dispose of Surplus Equipment" is complete, it is to be submitted to Sherry Koerner (as stated on the form).

When the request has been approved, the WHITE copy will be returned to you. **Until you receive the white copy, the equipment must be kept.** Thank you.

District 214's Board Policy on  
Disposal of Surplus Equipment

The administration will establish procedures to dispose of surplus equipment in the best interest of the district (Chapter 6.10).

**PROCEDURES:**

- A. Assistant superintendents and associate principals are authorized to request approval to dispose of surplus equipment. Each request must be in writing using the district's Request for Approval to Dispose of Surplus Equipment form. Requests are made to the director of fiscal services who is responsible, along with the purchasing supervisor, for assuring compliance with the district's Policy and Procedures.

1. **Transfer within District 214:**

- a. Requester will notify other associate principals and assistant superintendents of equipment availability, stating a description, price and a date for a reply.
- b. If a transfer is agreed upon, an Order to Pay form and a **Request for Approval to Dispose of Surplus Equipment** form should be completed and sent to the director of fiscal services. The equipment may then be transferred.

2. **Used for Parts:**

- a. If there is no in-district interest in using the equipment and equivalent equipment is in use in the district, a determination should be made as to whether it is "in the best interest of the district" to use the equipment for parts to repair similar district equipment.

3. **Sealed Bid Sale:**

- a. If the equipment is not needed within the district, a sealed bid sale will be conducted by the purchasing supervisor.
- b. Requester should submit a Request for Approval to Dispose of Surplus Equipment form to the director of fiscal services for approval.
- c. Upon approval, the purchasing supervisor will contact the requester to:
  1. Set the date, time and place of bid opening.
  2. Determine lowest acceptable bid (usually this is a dealer trade-in price).
  3. Identify location and time for prospective bidders to view the Equipment.
  4. Obtain a description of the item.
- d. The purchasing supervisor will post a notice of a sealed bid sale in all normal posting locations in each building in the district and will advertise the sale in the school staff and student announcements.

District 214's Board Policy on  
Disposal of Surplus Equipment  
Page 2

3. **Sealed Bid Sale (continued):**

- e. All bids must be submitted on the district's Bid Form (shown below) in a sealed envelope, stating item being bid, by the date and time stated in the bid notice.
- f. Acceptable payment method is cash or check.
- g. Item must be paid for and removed by successful bidder within seven days of bid opening.

## Board Policy on Disposal of Surplus Equipment continued

- h. Successful bidder must sign the Statement of Understanding on the Bid Form.
  - i. The director of fiscal services, purchasing supervisor, their secretaries, and any staff member involved in determining lowest acceptable bid are not eligible to submit bids on surplus equipment.
  - j. If a large quantity of surplus items are available at one time, a public sale or auction will be considered.
  - k. Tie bids will be determined by a coin flip or by drawing straws, as appropriate.
4. **Trade-in or sale to dealer:**
- a. If no one bids for an item in the sealed bid sale, the item will be traded-in or sold to a dealer.
  - b. Whenever possible, a trade-in price will be requested in a Request for Proposals for the replacement equipment, if any. Otherwise, three price quotations will be solicited from dealers whenever possible.
5. **Donation:**
- a. If the equipment is not sold or traded-in, it will be offered as a donation to NSSEO and our feeder districts on a first come, first served basis.
  - b. Other sources for donation will be considered depending on the type and value of the equipment.
6. **Junk**
- a. If all other methods of disposal are unsuccessful, the surplus equipment may be disposed of in the dumpster.

Approved by Resources Council 5/22/90

### **REQUEST FOR APPROVAL TO DISPOSE OF SURPLUS EQUIPMENT**

*Disposal of surplus equipment must be approved by the Controller. Please complete this form in its entirety and forward to the Business Office at FVEC. Do not dispose of the equipment until the request is approved and the white copy is returned.*

#### **A. Description of Equipment**

Description of Equipment:	
Estimated Current Value:	
Method of Establishing Value:	
Reason for Disposal:	

#### **B. Proposed Method of Disposal**

<input type="checkbox"/> In-district transfer to:	
<input type="checkbox"/> Donate to:	
<input type="checkbox"/> Use for parts described as:	
<input type="checkbox"/> Junk	
<input type="checkbox"/> Sell or Trade-In	

*Proceed to Approval Section*

	<b>Purchasing Department Only</b>
Trade-In or Sale Info.:	
If sold, \$ amt & Acct. #	\$ _____ Acct: _____
<b>Purchasing Dept. Authorization:</b>	Equipment Sale Unsuccessful <input type="checkbox"/>

**C. Approval**As requested by: \_\_\_\_\_ at \_\_\_\_\_  
(Print or Type Name) (School Name)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Controller)

White &amp; Yellow: Submit to Controller

Pink: Originator Retain

Form399

White: To be returned to Originator after approval

Rev0903ls

**TOWNSHIP HIGH SCHOOL DISTRICT 214**

Kari Fair, Purchasing Supervisor  
 Forest View Educational Center  
 2121 S. Goebbert Road  
 Arlington Heights, IL 60005  
 Telephone (847) 718-7615

**Surplus Equipment Bid Form**

<b>Date:</b> _____	<b>Printed Name:</b> _____
<b>Street Address:</b> _____	<b>City/Zip:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____
<b>Item#:</b> _____	<b>Unit Bid Price:</b> \$ _____
<b>Item#:</b> _____	<b>Unit Bid Price:</b> \$ _____
<b>Item#:</b> _____	<b>Unit Bid Price:</b> \$ _____
<b>Item#:</b> _____	<b>Unit Bid Price:</b> \$ _____

(Please make a copy if you require additional bid lines).



The undersigned enters into the following agreements and understandings:

1. The property is offered on an “as is” basis.
2. Neither the Board of Education nor any representative thereof has made any warranties or representations or commitments of any kind that the property is in any particular condition or that the property is in a safe condition or that it is in a safe condition or that it is usable for any particular use.
3. The undersigned recognizes that the use of the property could result in an injury, and agrees the undersigned will not make any claim against the board of Education or its employees or representatives resulting from an injury to the purchaser or any person using the property which has been purchased.

\_\_\_\_\_  
Signature

**Directions for Bid Form:**

1. Submit this form in a **sealed** envelope by the date and time stated in the bid notice to Kari Fair in Purchasing.
2. Accepted payment method is cash or check.
3. Item must be paid for and removed by successful bidder **within seven days** of bid opening.
4. Successful bidder must sign the above statement of understanding.

Approved by Resources Council 5/22/90

**Credit Card Authorization Form  
for Hotel Reservations and Payment**

**HOTEL AUTHORIZATION**

The hotel named is authorized to post charges to my credit card for the guest(s) listed below.

**A copy of the credit card (front and back) and copy of Photo ID are required for authorization.**

**A Tax Exempt Letter should also be provided.**

Hotel \_\_\_\_\_

City, State \_\_\_\_\_

I hereby authorize the following charges to be applied to my credit card. Any additional charges are to be billed to the guest. (Circle Yes or No.)

Room	Yes	No	Food & Beverage	Yes	No	State Tax	Yes	No
Parking	Yes	No	Rental/Pay Movies	Yes	No	Other – See comments below		
Phone Calls	Yes	No	Guest Laundry	Yes	No			

Comments: \_\_\_\_\_

**CARDHOLDER INFORMATION**

Name on Card: \_\_\_\_\_

Mastercard  
Credit Card No: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: **Community Consolidated School District 59  
2123 S. Arlington Heights Rd  
Arlington Heights, IL 60005**

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**GUEST INFORMATION**

Guest Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Conference or Group Affiliation: \_\_\_\_\_

Confirmation No. \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Delivery Form

8740

DELIVERY FORM NO

COMMUNITY CONSOLIDATED SCHOOL DISTRICT **59**

## DELIVERY FORM

DATE

PICK UP FROM \*

DATE

TIME

DELIVER TO

DATE

TIME

ITEMS TO BE PICKED UP (PLEASE BE AS DETAILED AS POSSIBLE AS TO QUANTITIES, SERIAL NOS., ETC.)

RECEIVED BY

DATE / /

ITEMS TO BE RETURNED:

DATE TO BE RETURNED

/ /

TIME TO BE RETURNED

AM

PM

RETURNED ITEMS RECEIVED BY

DATE / /

### BUSINESS SERVICES USE ONLY

DATE TOTAL REQUEST COMPLETED

SIGNED BY

DELIVERY MAN

SIGNED BY

SUPERVISOR

SIGNATURE OF ADMINISTRATOR

APP'D  
BY

DIRECTOR OF BUSINESS SERVICES

#### DIRECTIONS FOR SUBMITTING REQUEST:

1. COMPLETE ALL INFORMATION
2. KEEP PINK COPY
3. RETURN REMAINING COPIES INTACT TO BUSINESS SERVICES DEPT.
- \* 4. PLEASE PLACE ITEMS TO BE PICKED UP IN SHIPPING & RECEIVING AREA OF BUILDING.

BUSINESS SERVICES

# Duplicating Request

## DUPLICATING REQUEST

PRINT ROOM USE ONLY

DATE RECEIVED	_____
NO. OF IMPRESSIONS	_____
TAPE BIND	_____
SPIRAL BIND	_____

SCHOOL/DEPT \_\_\_\_\_  
 NAME \_\_\_\_\_  
 DATE NEEDED \_\_\_\_\_  
 NO. OF COPIES/SETS NEEDED \_\_\_\_\_  
 NO. OF ORIGINAL PAGES \_\_\_\_\_

	<u>XEROX</u>	<u>VELLUM</u>	<u>CARDSTOCK</u>	<u>NCR</u>
FRONT SIDE ONLY _____	WHITE _____	WHITE _____	WHITE _____	8-1/2"X11" 2 PT. _____
FRONT AND BACK _____	BLUE _____	BLUE _____	BLUE _____	8-1/2"X11" 3 PT. _____
COLLATED _____	GOLD _____	GOLD _____	GREEN _____	8-1/2"X11" 4 PT. _____
STAPLED _____	GREEN _____	GREEN _____		8-1/2"X14" 2 PT. _____
TAPE BIND _____	PINK _____	PINK _____		8-1/2"X14" 3 PT. _____
SPIRAL BIND _____	YELLOW _____	YELLOW _____		8-1/2"X14" 4 PT. _____
WHITE XEROGRAPHIC, 8-1/2"X 14" _____				
WHITE XEROGRAPHIC, 8-1/2"X11". 3-HOLE PUNCH _____				

SPECIAL INSTRUCTIONS: \_\_\_\_\_

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY

#### MATERIALS USED

#### QUANTITY

DATE COMPLETED \_\_\_\_\_

WHITE XEROGRAPHIC \_\_\_\_\_  
 COLORED XEROGRAPHIC \_\_\_\_\_  
 CARDSTOCK \_\_\_\_\_  
 VELLUM \_\_\_\_\_  
 NCR \_\_\_\_\_  
 SPIRAL BINDING \_\_\_\_\_  
 TAPE BINDING \_\_\_\_\_

DATE POSTED \_\_\_\_\_

B-5

**Community Consolidated School District 59**  
**NON-EMPLOYEE**  
**ELECTRONIC ACCESS IDENTIFICATION CARD AGREEMENT**  
**2008/2009**

*This access is being requested for:*

[illegible]

District 59 Authorized Requestor	Date
<b>SERVICE PROVIDER EMPLOYEE AGREEMENT</b>	
<p>It is my understanding that I have been granted building access to the above listed District 59 locations for the sole purpose of performing my job responsibility. Use of this access card for any other purpose is strictly prohibited and may result in severe consequential actions to me and/or my employer. I understand that loss of this card is considered a breach of security and must be reported immediately to my direct supervisor. I further understand that my employer or I will be charged for a replacement card due to negligence or in case of loss. All cards shall be surrendered to the District when no longer required for the contracted duties.</p>	
Service Provider Employee Name	Service Provider Employee Signature
Date	Date

**FOR OFFICE USE ONLY: To be completed by Buildings and Grounds**

Access Activation Date: \_\_\_\_\_ B&amp;G Initials: \_\_\_\_\_





Attachment E

### ACCOUNTS PAYABLE MISSING DOCUMENTATION FORM

Auditing standards require original documentation to support all payments for products, services or reimbursements. In the event that an Authorized Purchaser or staff member loses a receipt or other original documentation, this form must be completed and signed by the Supervisor, thereby authorizing payment.

*Incomplete or inaccurate forms may result in the denial of expense or delay of reimbursements.*

**PRINT PURCHASER NAME (as it appears on paycheck)**

<b>SCHOOL OR DEPARTMENT</b>	<b>SUPERVISOR NAME</b>
-----------------------------	------------------------

**PLEASE DESCRIBE WHY DOCUMENTATION WAS NOT PROVIDED:**

---



---



---



---



---

**VENDOR NAME**

<b>DATE OF PURCHASE</b>	<b>AMOUNT</b>
-------------------------	---------------

**FORM OF PAYMENT (for reimbursements only)**

**DESCRIPTION OF GOODS OR SERVICES**

---



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**PLEASE DESCRIBE THE PURPOSE FOR THE PURCHASE, INCLUDING DATES OF INTENDED USE:**

---



---



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<b>EMPLOYEE REQUEST FOR PAYMENT:</b> <b>SIGNATURE OF EMPLOYEE</b>	<b>SUPERVISOR AUTHORIZATION:</b> <b>SIGNATURE OF SUPERVISOR</b>
--	--

*Attach other forms of proof of purchase/payment such as credit card statement, cancelled check, etc. . .*

DISTRIBUTION: ORIGINAL - BUSINESS SERVICES/ACCOUNTS PAYABLE

July 2008 Form B-10

# Order to Pay

## Township High School District 214 ORDER TO PAY

Date: \_\_\_\_\_

**Form Use Criteria:** Emergency Services, Employees who render a service, Pre-approved supply staff reimbursements and employee travel reimbursements less any sales tax.

**Required Back-up:** Original receipts and other written documents. Employee supply reimbursements require PRIOR written documentation of administrator's approval with information why product can't be obtained by district directly.

**Processing Dates:** Imprest requests for payment within 72 hours will only be authorized by the Director of Business & Finance's discretion for "emergencies," which will not include services rendered. Staff is expected to allow sufficient time for payment to be processed through the next Board pay date. Staff reimbursements will be paid through accounts payable board dates, whereas staff services will be paid through the next payroll.

From Account Number/s	Amount/s:	From Account Number/s:	Amount/s:
1. _____	\$ _____	4. _____	\$ _____
2. _____	\$ _____	5. _____	\$ _____
3. _____	\$ _____	6. _____	\$ _____

Payee Name (as on income tax return) \_\_\_\_\_

Payee's Social Security # OR Employer ID # \_\_\_\_\_

"Business Name" if different than payee \_\_\_\_\_

☐ Check if Payee is current employee

☐ Check if attached form is to be sent with check

Vendor Street Address \_\_\_\_\_

☐ Check if payment is a reimbursement

City, State, Zip \_\_\_\_\_

Send Check to: \_\_\_\_\_

School \_\_\_\_\_ Check needed by: \_\_\_\_\_

Reason for Payment: (include who, what, where, when, why, etc.) Attaching substantiating original receipts to form.

Requested by: \_\_\_\_\_

Program Adm: \_\_\_\_\_

Business Services: \_\_\_\_\_

District Use Only:

FORM 317

Vendor No.

Description

Date Paid

REV. 3-06

Green - Business Office; Canary - Program Administrator; Pink - Originator



**Community Consolidated School District 59**  
**p-CARD ACCOUNT MAINTENANCE FORM**

Employee Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Date: \_\_\_\_\_ p-Card Number: \_\_\_\_\_

**Name Change Request:** Name currently on p-Card: \_\_\_\_\_

Request name change to: \_\_\_\_\_

**Location Change:** Current location: \_\_\_\_\_

Relocating to: \_\_\_\_\_

**Credit Limit Change:** Current limit: \$ \_\_\_\_\_

Requested Limit: \$ \_\_\_\_\_

Explanation for request: \_\_\_\_\_

\_\_\_\_\_

**Card Lost or Stolen:** Date noticed missing: \_\_\_\_\_

**Cancel Credit Card:** Explanation for cancellation: \_\_\_\_\_

\_\_\_\_\_

**Suspend Credit Card:** Explanation for suspension: \_\_\_\_\_

\_\_\_\_\_

Signature, Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature, Direct Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature, Purchasing Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature, Asst Supt for Business \_\_\_\_\_ Date \_\_\_\_\_

**Community Consolidated School District 59**  
**p-CARD STATEMENT DISPUTE FORM**

This form is provided to assist you should you believe a transaction on your statement is in error. Regulations require that disputes be settled in 30 days so should be addressed as soon as possible. Any disputes that cannot be resolved by the cardholder directly with the vendor should be recorded on this form and submitted to the p-Card Administrator who will deal directly with the bank and the vendor.

Cardholder Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Transaction ID: \_\_\_\_\_

Transaction Date: \_\_\_\_\_

Posting Date: \_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_

Please **circle one** of the following choices applicable to your dispute. Include **all** necessary information/documentation including a copy of the statement.

1. I do not recognize the above-mentioned charge. I have attempted to contact the vendor to obtain further information.

2. I have been billed more than once by the same vendor. I authorized one charge with this vendor only. My card was in my possession at the time of the disputed transaction.

Valid Charge \$ \_\_\_\_\_ Reference # \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Invalid Charge \$ \_\_\_\_\_ Reference # \_\_\_\_\_ Transaction Date: \_\_\_\_\_

3. I canceled: Service / Airline Ticket / Hotel Reservation on \_\_\_\_\_ (date). Cancellation# \_\_\_\_\_

4. I have not received the merchandise that was to be shipped to me on \_\_\_\_\_ (date). I have requested credit.

5. Merchandise that was shipped to me arrived damaged or not as described. I returned it on \_\_\_\_\_ (date) and asked the vendor to credit my account. I am providing a copy of my returned mail receipt.

6. Vendor was to issue credit for merchandise I returned to the store. I have enclosed a copy of my credit receipt.

7. Vendor was to issue tax credit refund. I have enclosed a copy of the on-line order.

8. I have been charged for a purchase that was paid for by other means. I am providing a copy of the documentation showing the other method of payment.

9. I have been billed for an incorrect amount. My receipt shows \$ \_\_\_\_\_, however, I was billed \$ \_\_\_\_\_ I am providing a copy of my receipt showing the correct amount.

10. I did not authorize the above-mentioned charge. I have attempted to contact the vendor to resolve the dispute but have been unsuccessful.

**Please attach copy of statement and detailed information further describing the dispute.**

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Community Consolidated School District 59**  
**p-CARD STATEMENT OF AUTHORITY**

Employee Name \_\_\_\_\_ Position Title \_\_\_\_\_

Date \_\_\_\_\_ p-Card Number \_\_\_\_\_

Monthly Limit \$ \_\_\_\_\_ Daily Limit \$ \_\_\_\_\_ Transaction Limit \$ \_\_\_\_\_

Cash Advance NO

Use by Telephone \_\_\_\_\_ Yes, self-approval  
 \_\_\_\_\_ Yes, only with prior written approval by supervisor  
 \_\_\_\_\_ Not authorized

Use by Fax/Mail \_\_\_\_\_ Yes, self-approval  
 \_\_\_\_\_ Yes, only with prior written approval by supervisor  
 \_\_\_\_\_ Not authorized

Use by Internet \_\_\_\_\_ Yes, self-approval  
 \_\_\_\_\_ Yes, only with prior written approval by supervisor  
 \_\_\_\_\_ Not authorized

In person \_\_\_\_\_ Yes, self-approval  
 \_\_\_\_\_ Yes, only with prior written approval by supervisor  
 \_\_\_\_\_ Not authorized

Merchant Limits \_\_\_\_\_ As set forth by Board Policy and Administrative Regulations  
 \_\_\_\_\_ Authorized and Approved Vendors Only as approved by direct supervisor  
 \_\_\_\_\_ Authorized and Approved Vendors Only as approved by Purchasing Supervisor

I understand that itemized original receipts for all purchases are required and must be approved monthly by direct supervisor. The employee is responsible for retaining all packing slips and warranty information. I understand that the approved monthly statement, with original receipts, is due to Accounts Payable in accordance with Board meeting Accounts Payable cut-off schedule.

Signature, Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature, Direct Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature, Purchasing Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature, Asst. Supt. For Business \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Original-Purchasing; Copy-Supervisor; Copy-Employee

January 2010 Form PC-02

# p-CARD SUMMARY FORM



**Cardholder:**  
(Please Print)

Credit Card No.: XXXX XXXX XXXX XXXX

**Building:**

**Statement Date:**[illegible]**Cardholder Signature:**

Date:

**Budget Manager Approval:**

Date:

## Community Consolidated School District 59

### p-CARD USE AGREEMENT

Employee Name \_\_\_\_\_ Position Title \_\_\_\_\_

Date of Card Issuance \_\_\_\_\_ p-Card Number \_\_\_\_\_

As an employee of Community Consolidated School District 59 and as an Authorized p-Card User, I understand and agree to the following Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the **BOARD OF EDUCATION OF COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59, Cook County, Illinois** (hereinafter the "Board") and \_\_\_\_\_ (hereinafter the "Authorized User").

I have been entrusted with a procurement credit card ("p-Card") for use in the purchase of goods and services solely and exclusively for the authorized business purposes of the Board; and agree to abide by the terms and conditions of the p-Card as set forth herein and as set forth in Board policies and Administrative Regulations. Attached herewith and incorporated by reference herein is a *Statement of Authority* of p-Card use that sets forth the authority and express limits of authority of Authorized User's use of the p-Card. The designation as an Authorized User is assigned based on current job responsibilities and may be revoked or revised if job responsibilities change, as identified by my direct supervisor.

1. This p-Card may only be used to pay certain job-related expenses or to make purchases on behalf of the Board or authorized student activity fund, or for purposes that would otherwise be addressed through a conventional revolving fund.
2. The Authorized User shall not use the p-Card for the purchase of any goods or service that is not authorized by the terms of this Agreement or by the direct written approval of the Assistant Superintendent of Business or Purchasing Supervisor.
3. Use of this card will be limited as set forth by Board Policy, Administrative Regulations, Procedures, and direct supervisory oversight. Limits may include but not be limited to approved merchants, daily or monthly expenses limits, per transaction amounts, and type of transaction (such as Internet, telephone, or fax transactions).
4. The Assistant Superintendent for Business Services, or Purchasing Supervisor must approve the use of a p-Card for purchases being made via telephone, fax, and Internet. Permission shall be withheld when the use violates any Board policy, is from a vendor whose reputation has not been verified, or would be more expensive than if another available payment method were used.
5. This p-Card may not be used to make a purchase in a manner contrary to State law, including but not limited to, the bidding and other purchasing requirements in 105 ILCS 5/10-20.21, or any Board policy.
6. The Authorized User hereby agrees to immediately return the p-Card upon request.
7. The Authorized User shall submit original detailed receipts and such other reasonable documentation of goods or services purchased as requested by Assistant Superintendent for Business Services or Purchasing Supervisor, or designee.
8. The Authorized User shall promptly review monthly p-Card transaction statements for accuracy and shall within ten (10) days of receipt of the statement notify Assistant Superintendent for Business Services or designee of any errors, omissions or discrepancies in the statement.
9. The Authorized User shall immediately notify the bank in the event of a possible loss, theft, or unauthorized use of the Card by notifying the Bank by phone at (800) 361-3361 or by fax notice to the Bank at (888) 224-5394. The Authorized User shall also immediately notify the Assistant Superintendent for Business Services or designee of possible loss, theft, or unauthorized use of the Card.

January 2010 Form PC-01

10. The Authorized User shall immediately indemnify the Board for any improper or unauthorized expenditure and for any and all costs and expenses (including attorneys' fees and expenses) incurred by the Board in recovering improper or unauthorized expenditures by the Authorized User.
11. Consequences for unauthorized purchases include, but are not limited to, reimbursing the Board for the purchase amount, loss of cardholding privileges, and discipline up to and including discharge.
12. **I acknowledge that I have received the p-Card Procedure Manual, and understand that it is my responsibility to read and comply with such any revisions and updates made to it.**

**IN WITNESS WHEREOF**, the parties hereto have made and executed this Agreement the day and year first above written.

**EMPLOYEE**

**COMMUNITY CONSOLIDATED  
SCHOOL DISTRICT 59**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature, Asst. Supt. for Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Distribution: Original-Purchasing; Copy-Supervisor; Copy-Employee

## Purchase Order



**PURCHASE ORDER**  
**TOWNSHIP HIGH SCHOOL DISTRICT #214**

Forest View Educational Center  
 2121 S. Goebbert Road  
 Arlington Heights, IL 60005-4205  
 Phone: 847-718-7600 F: 847-718-7645  
 Tax Exempt # E9997-7168-06

PURCHASE ORDER

1115575

PO# MUST APPEAR ON  
 ALL PACKAGES AND  
 CORRESPONDENCE.  
 ORDERS MUST BE INVOICED  
 AND PACKED SEPARATELY

VENDOR ID: 8587

V OFFICE MAX  
 E 800 W BRYN MAWR AVE  
 H ITASCA, IL 60143  
 D  
 O  
 R

Fax: (800)797-7044 Ph:

SHIP TO

Vicki  
 Prospect High School  
 801 W. KENSINGTON ROAD  
 MOUNT PROSPECT IL 60056

ATTENTION:  
 BUILDING/ROOM: PHS-SOCSC-RMSOC

When a company accepts a p.o., it declares a compliance affidavit that no possible conflict of interest exists. District 214 Board Policy 5:120 states: "No District employee shall be directly or indirectly interested in any contract, work, or business of the District" and Policy 2:100, states "No Board of Education member shall have a beneficial interest directly or indirectly in any contract, work or business of the District unless permitted by The School Code and the Public Officer Prohibited Activities Act." If the aforementioned or any potential conflict of interest (i.e. an employee's extended family member) may exist, the vendor must provide a written disclosure of the nature of conflict to the Purchasing Supervisor, prior to processing the p.o.

PREPAY TRANSPORTATION WE CANNOT ACCEPT DELIVERY OF COLLECT SHIPMENTS		TERMS NET 30	F.O.B. DESTINATION	SHIPPING DATE 02/13/11	ORDER DATE 01/14/11
QTY.	DESCRIPTION			UNIT PRICE	EXTENSION
	BID NO:				
1	Blanket Order			300.0000	300.00
7	** Rec'd order against blanket po			0.0000	0.00
1	** ** Rec'd order against blanket PO			0.0000	0.00
	10-5-02-1130-4100-190 300.00				
MSDS REQUIRED IN ACCORDANCE WITH ILLINOIS TOXIC SUBSTANCES DISCLOSURE ACT (PA83-240)					
				TOTAL \$*****300.00	

## SEND INVOICE TO:

Township High School District #214  
 Accounts Payable  
 2121 S. Goebbert Road  
 Arlington Heights, IL 60005 - 4205

NOT VALID UNLESS SIGNED BY PURCHASING

*Kari L Fair*

Purchasing

The use of this official form for all orders is obligatory.  
 Payment will not be approved unless order was generated on this form.

An equal employment and equal education opportunity agency.

VENDOR

1 43387810370 0 2332

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59  
ELK GROVE TOWNSHIP, ILLINOIS

**PURCHASE ORDER CANCELLATION**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: Purchasing Department

SUBJECT:

PO Number: \_\_\_\_\_

Vendor: \_\_\_\_\_

Date of PO: \_\_\_\_\_

The PO Number listed above has been canceled for the following reason(s) indicated below:

- \_\_\_\_\_ Post Office unable to locate vendor, cannot deliver.
- \_\_\_\_\_ Vendor states this is not their merchandise.
- \_\_\_\_\_ Vendor providing material on complimentary basis.
- \_\_\_\_\_ Order must be accompanied by check. Since order must be prepaid, purchase order will be canceled. Please send check request to accounting. When check is received, order from vendor by letter, enclosing check.
- \_\_\_\_\_ Vendor will not accept minimum orders.
- \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Distribution  
White: School or Department  
Yellow: Accounting  
Pink: Purchasing



04324

CENTURY BUSINESS FORMS  
ELOIN, ILLINOIS

## PURCHASE ORDER PRE-PAYMENT REQUEST

TO: BUSINESS OFFICE

FROM: \_\_\_\_\_ HIGH SCHOOL

DATE OF REQUEST: \_\_\_\_\_

ISSUE CHECK  
TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF CHECK \$ \_\_\_\_\_ . \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ - \_\_\_\_\_ . \_\_\_\_\_

P.O. # \_\_\_\_\_ DATE: \_\_\_\_\_

ORIGINAL TO BOOKKEEPING  
DUPLICATE TO ACCOUNTS PAYABLE  
TRIPPLICATE TO BUSINESS CLERK

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR BUSINESS OFFICE ONLY

TYPE OF CHECK

PROCESS DATE

☐ BOARD

\_\_\_\_\_

☐ IMPREST

\_\_\_\_\_

☐ INTERIM

\_\_\_\_\_

8-11-02-10/72

BOOKKEEPING COPY

**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59  
PURCHASE REQUISITION**

For Purchasing Department USE only

P.O. NUMBER

Approved

Date Ordered:

Entered

For Purchasing Department Use only

Order from

Ship to

Vendor Number :

Price per

Freight Included ☐ YES ☐ NO

## Attention

[illegible]

Account Number :

If replacement equipment account is used, please indicate exactly what is being replaced.

Administrator

Date \_\_\_\_\_

If additional pages are needed, please staple together prior to submitting to Purchasing Department

54  
55



RELEASE, HOLD HARMLESS AND IDEMNIFICATION

\_\_\_\_\_ (the "Purchaser") hereby acknowledges that the following items of personal property:

\_\_\_\_\_  
\_\_\_\_\_

(the "Equipment"), which the Purchaser acquired from the Board of Education of Community Consolidated School District 59, Cook County, Illinois

("School District 59") shall be transferred to the Purchaser in "as is" condition with no representations or warranties of any kind as to the Equipment's current condition or compliance with any applicable safety standards.

Further, Purchaser agrees to release, indemnify and hold harmless School District 59, its Board of Education, officers, employees and agents from and against all liabilities, claims, damages, causes of action, costs and expenses including without limitation any reasonable attorney's fees, imposed or incurred by or assessed against School District 59, et al., by reason of any accident, injury to, or death of persons, or loss or damages to property, occurring in connection with or as a result of Purchaser's acquisition, use and subsequent disposition of the Equipment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
("Purchaser")

By: \_\_\_\_\_

Departments:Business Services:Internal Services:Release,Hold Harmless

**TOWNSHIP HIGH SCHOOL DISTRICT 211**REQUEST FOR DISBURSEMENT ☐REQUEST FOR TRANSFER OF FUNDS ☐**TO BE COMPLETED BY PERSON MAKING REQUEST:**

(Check only one)

(Check only one)

- ☐ BOARD (ACCOUNT NO.) \_\_\_\_\_ ☐ Palatine High School ☐ Schaumburg High School
- ☐ IMPREST (ACCOUNT NO.) \_\_\_\_\_ ☐ Fremd High School ☐ Hoffman Estates High School
- ☐ ACTIVITY CLUB NAME \_\_\_\_\_ ☐ Conant High School ☐ Administration Center

DATE OF REQUEST \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ISSUE CHECK TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET TOWN STATE ZIP CODE

PURPOSE OF REQUEST: \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ DATE CHECK NEEDED \_\_\_\_\_

RECEIPTS ATTACHED: ☐☐ RETURN CHECK TO BUSINESS CLERKRECEIPTS TO FOLLOW: ☐☐ MAIL CHECK FROM BUSINESS OFFICE

(Submit with form AP2 11/15/71)

☐ RETURN CHECK TO \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

**APPROVED FOR ACTIVITY CLUB CHECK:****APPROVED FOR BOARD OR IMPREST CHECK:**

BY CLUB PRESIDENT \_\_\_\_\_

BY DEPARTMENT CHAIRMAN \_\_\_\_\_

BY CLUB SECRETARY \_\_\_\_\_

BY BUILDING ADMINISTRATOR \_\_\_\_\_

BY FACULTY SPONSOR \_\_\_\_\_

BY BUSINESS ADMINISTRATOR \_\_\_\_\_

BY DIRECTOR OF ACTIVITIES \_\_\_\_\_

VENDOR NUMBER

| | | | |

RB No. \_\_\_\_\_

BY BUILDING ADMINISTRATOR \_\_\_\_\_

**BUSINESS OFFICE USE**

ACCOUNT NUMBER	ENCUMBERED AMOUNT	PAY CODE	INVOICE NUMBER	PAID AMOUNT
21-31	38-47	49	50-57	58-67
CHECK	DATE			TOTAL

Request for Supplies

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59  
Elk Grove Township, Illinois

REQUEST FOR SUPPLIES

SCHOOL \_\_\_\_\_ ACCOUNT \_\_\_\_\_

NOTE: ONLY ONE ACCOUNT IS TO BE  
USED ON EACH REQUEST FORM

	CATALOG NUMBER	QUANTITY	DESCRIPTION (FOR SCHOOL USE ONLY)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

White Copy - Purchasing  
Yellow - To be retained by school

B-3

-Purchasing Dept. Use Only-  
Date Entered \_\_\_\_\_  
\_\_\_\_\_



# **REQUEST FOR APPROVAL TO DISPOSE OF SURPLUS EQUIPMENT**

*Disposal of surplus equipment must be approved by the Controller. Please complete this form in its entirety and forward to the Business Office at FVEC. Do not dispose of the equipment until the request is approved and the white copy is returned.*

## **A. Description of Equipment**

Description of Equipment:	
Estimated Current Value:	
Method of Establishing Value:	
Reason for Disposal:	

## **B. Proposed Method of Disposal**

<input type="checkbox"/> In-district transfer to:	
<input type="checkbox"/> Donate to:	
<input type="checkbox"/> Use for parts described as:	
<input type="checkbox"/> Junk	
<input type="checkbox"/> Sell or Trade-In	

*(Proceed to Approval Section)*

<b>Purchasing Department Only</b>	
Trade-In or Sale Info.:	
If sold, \$ amt & Acct. #	\$ Acct:
<b>Purchasing Dept. Authorization:</b>	<input type="checkbox"/> Equipment Sale Unsuccessful

## **C. Approval**

As requested by: \_\_\_\_\_ at \_\_\_\_\_  
(Print or Type Name) (School Name)

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Controller)

White & Yellow: Submit to Controller  
 Pink: Originator Retain  
 White: To be returned to Originator after approval

Form399  
 Rev09031s

## Request to Purchase Software Application

### REQUEST TO PURCHASE SOFTWARE APPLICATION ("APP")

**1. TEACHER: Complete highlighted areas and forward to Principal for approval.**

School/Department: _____		Date: _____	
Requestor's Name: _____			
List Instructional Programs and Grade Levels for Intended Use: _____			
Type of Application Program: (check one)	<input type="checkbox"/> Instructional	<input type="checkbox"/> Productivity	<input type="checkbox"/> Assistive Tech
Name of Application: _____			
"App" to be loaded on:	<input type="checkbox"/> iPod	<input type="checkbox"/> iPad	
	Qty _____	Qty _____	
Est. Cost per "App"	\$ -	\$ -	
Estimated Total Cost	\$ -	\$ -	
Describe the Application: _____ _____			
Describe how this Application applies to learning standards and how it would be used: _____ _____			
Describe how users, staff and students, would learn how to use the Application: _____ _____			
10E	XXX	XXXX	4700 31 XXXXXX
Account Number			
Principal Authorization _____			Date _____
Grant Manager Authorization (if applicable) _____			Date _____

**2. PRINCIPAL/GRANT MANAGER: Please forward to Coord. for Assessment and Technology**

Instruction Dept Use Only			
0	\$ -	\$ -	
Qty Ordered	Cost per App	Total Cost	Distributed to:
Authorized by Instruction Dept _____			Date _____

**3. INSTRUCTION DEPT: Return to Principal/Grant Manager; Send copy to Business Office**

Business Office Use Only			
JE # _____	JE entered by: _____	Date: _____	
JE approved by: _____		Date: _____	

Original: School/Dept Copies: Instruction Dept; Business Services

Form P-07 (01/11)



### REQUISITION

No.

**Suggested Supplier:**

**Requisitioner:**

**Deliver to Room No.**

[illegible]

Div. \_\_\_\_\_ Dept. \_\_\_\_\_

Room Location \_\_\_\_\_

Account No.

--	--	--

I hereby certify that adequate funds exist as coded and I approve this purchase.

Approved \_\_\_\_\_  
Cost Center Mgt

Approved \_\_\_\_\_  
 The Dean or Director

Approved \_\_\_\_\_  
Vice President or Designee



## Requisition Sample/Procedures continued

PO # \_\_\_\_\_

\*\*\* This is not a purchase order. \*\*\*

Argo Community High School - District 217

7329 W. 63rd St., Summit, IL 60501-1829

708.728.3200 fax 3155

Department

---

*Instructor*

Date \_\_\_\_\_

Supplier Name

Address

City/State/Zip

*Use separate sheet for each supplier.*

Account Title	Acct. Number	-	-	-	-
---------------	--------------	---	---	---	---

PURCHASE ORDER TO BE: *Check one*

- ☐ Faxed to ( ) \_\_\_\_\_  
☐ Mailed \_\_\_\_\_  
☐ Called in by: \_\_\_\_\_  
☐ On line order \_\_\_\_\_

<i>Description &amp; Catalog Number</i>	<i>Quantity</i>	<i>@ Cost</i>	<i>Total</i>
Approved Amount	XXXXX	XXXX	

*Department Chairperson*

Business Manager

In addition to the above steps to be followed in making out a proper requisition, there are a few general rules that will expedite the processing of requisitions.

1. Requisitions must be typed or printed clearly.
  2. Only one account number can be used on a requisition.
  3. If a requisition consists of more than one page, all pages must have the necessary signatures of approval.
- D. Include as much descriptive information as possible so the purchasing department knows exactly what item or items are to be purchased.

### **III. Special Procedures**

A. **LIBRARY BOOKS, FILMS AND TAPES** - The purchase of these items for the library are handled through a special procedure, agreed upon by the Directors of Library Services and the purchasing department.

#### **B. SUBSCRIPTIONS, PAMPHLETS, BOOKS, etc.**

1. **Membership Dues (New)**. No requisition required. Submit completed membership application form and properly executed check request form to the accounting department.
2. **Membership Dues (Renewal)**. No requisition required. Submit bill and properly executed check request form to the accounting department.
3. **Fees (Seminars, Workshops, etc.)**. No requisition required. Submit completed application form and properly executed check request form to the accounting department.
4. **Fees (Officials for Athletic Events, Use of Facilities, Greens Fees, etc.)**. No requisition required. Submit invoice and properly executed check request form to the accounting department.
5. **Subscription (New)**. No requisition required if publisher's subscription form is used. Submit completed subscription form and properly executed check request form to the accounting department. If a subscription form is not used, then a regular requisition must be filled out and sent to the purchasing department.
6. **Subscriptions (Renewals)**. No requisition required. Submit renewal notice and properly executed check request form to the accounting department.
7. **Books and Pamphlets**. No requisition required if publisher's order blank is used. Submit completed publisher's order blank and properly executed check request form to the accounting department. If an order blank is not used, then a regular requisition must be filled out and sent to the purchasing department.

#### **C. COMPUTING RESOURCES**

1. Computing resources include computer equipment and peripherals, software, computing facilities improvements and renovations.
2. All purchase requisitions for computing resources are to be submitted by the cost center manager directly to the Director of Technical Services, together with a memorandum (1) stating the need for the purchase, (2) justifying the purchase, (3) indicating the use to which the purchase will be put, and (4) if known, the costs or estimated costs of acquiring, configuring, operating and supporting the purchase.
3. The Director of Technical Services, will conduct a technical review of the purchase and certify adherence to standards or make variance concessions. The director will endorse both the request memorandum and the purchase requisition.

**DISTRICT 214 BOARD****Requisition**

Page: 1 of 1

02/10/2011

7:31:09 AM

**REQUISITION INFORMATION****VENDOR INFORMATION**

Requested By: VICKI  
 Req. No.: 115913  
 PO No.: 1115575  
 Status: Active  
 Description: SS/WL Blanket Order  
 Req. Date: 01/14/2011  
 Date Needed: 02/13/2011  
 Ship To: Prospect High School  
 Campus/Bldg./Room: PHS - SOCSC - RMSOCSC  
 Marked For: Vicki  
 PO Dispatch Method: Print / Mail  
 BID No.:  
 Ref. No.:

Vendor ID: 8587  
 Attention To:  
 Name: OFFICE MAX  
 Address: 800 W BRYN MAWR AVE  
 City: ITASCA  
 State: Illinois  
 Country: UNITED STATES OF AMERICA  
 ZIP: 60143  
 Phone No.:  
 Fax No.: (800)797-7044  
 Email:

Ext.:

**GROUP NO.: 1**

Account No.	Description				Amount
10-5-02-1130-4100-190	SOC SCIENCE SUPPLIES				300.00
Qty.	UOM	PCode	Description	Unit Cost	Ext. Cost
1.0000			Blanket Order	300.00	300.00
7.0000			** Rec'd order against blanket po	0.00	0.00
1.0000			** ** Rec'd order against blanket PO	0.00	0.00
Tax: 0.00 Discount: 0.00 Shipping: 0.00 Group Total:					300.00
GRAND TOTAL:					300.00

**NOTES**

Notes (Internal):

Notes to Vendor:

Prospect High School  
 801 W.KENSINGTON ROAD  
 MOUNT PROSPECT IL 60056

# Requisition (Skyward)

PAGE 1 OF 1

REQ DATE
02/14/2011

## INVOICE TO:

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59  
2123 S. ARLINGTON HEIGHTS RD.  
ARLINGTON HEIGHTS, IL 60005-4105  
PHONE: 847-593-4300  
FAX: 847-593-4410

REQUISITION NUMBER
0061100174

PRINTED 02/14/2011  
\*REPRINTED PO\*

VENDOR KEY : GOV CONN001  
SHIP DATE : 02/14/2011  
FISCAL YEAR : 2010-2011  
ENTERED BY : MARINMAR000

### VENDOR:

GOV CONNECTION  
732 MILFORD RD  
MERRIMACK NH 03054

### SHIP TO:

COMMUNITY CONSOLIDATED SCHOOL DIST 59  
2123 S ARLINGTON HEIGHTS RD  
ARLINGTON HEIGHTS IL 60005

ATTN: MARIA - ED SERVICES

PHONE: (800) 800-0019  
FAX: (603) 683-0790

QUANTITY	UNIT	DESCRIPTION OF ITEMS OR MATERIALS	UNIT PRICE	AMOUNT
5	EA	PER QUOTE #22847391.01 12308088 -K6350-C+4 KODAK BATTERY CHARGER  ACCOUNT SUMMARY (FOR INTERNAL USE) ACCOUNT NUMBER ACCOUNT AMOUNT 10E079 1225 4100 31 000000 64.95	12.99	64.95
			<b>PAGE TOTAL</b>	64.95
			<b>TOTAL</b>	64.95

This is a Requisition and not an official Purchase Order.  
The District is not financially responsible for the  
unauthorized purchases made with a Requisition.

### **TERMS AND CONDITIONS - READ CAREFULLY**

1. Purchase Order No. and Depart. Must appear on all packages, B/L's, invoices, shipping papers and correspondence. Orders must be invoiced and packed separately.
2. Invoice in Duplicate for each Purchase Order
3. We do not pay C.O.D. charges of any kind. All shipping charges must be prepaid.
4. Ship least expensive way, unless otherwise indicated on order.
5. This Purchase Order may be cancelled if not shipped within 60 days from date of order, unless otherwise instructed.
6. Township High School District 211 is exempt from all federal, state and local taxes.
7. By reference, the Equal Employment Opportunity Clause of Article VI of the Rules and Regulations of the Department of Human Rights of the State of Illinois is included as a material term of this Contract.
8. Regarding toxic substances as defined by the Illinois Department of Labor: Suppliers must provide a Material Safety Data Sheet, as prescribed by the Illinois Department of Labor, for every item designated as a toxic substance by the Illinois Department of Labor. This will be done for every shipment and will be done in accordance with the Illinois Toxic Substance Act No. 83-240.
9. Suppliers certify that merchandise supplied to Township High School District 211 meets or exceeds both the Illinois Life Safety Code and OSHA regulations, unless the Director of Purchasing is otherwise notified in writing by certified mail.
10. This Purchase Order form, when properly signed and bearing a valid order number is the only form recognized by Township High School District 211 for charging or ordering merchandise. The terms stated herein constitute the entire agreement between Township High School District 211 and the seller. This purchase order supersedes all previous communications and negotiations. No terms stated by the seller in acceptance or acknowledgement of this order shall be binding upon Township High School District 211 unless accepted in writing by the Director of Purchasing.
11. In accordance with EPA regulations and the Asbestos Hazards Emergency Response Act (AHERA) of 1986, each facility has been inspected for asbestos-containing building materials (ACBM's). Exposure to ACBM's may cause health problems.  
  
A record of the inspection report and management plan containing a diagram of the location(s) of asbestos-containing materials can be reviewed in each building's main office, as well as at the District's Administrative offices.