## Pacific Charter Institute

STUDENT SPECIAL ORDER REQUEST

| Student Name | SSID \# |
| :--- | :--- |
| School/Location |  |
| (School/Location) |  |

Requested By:
Date of Request: $\qquad$


## Vendor Information

Name: $\qquad$
Address:
City, State ZIP: , (State)
Email:
Phone:
Fax:
Shipping Location:

|  | QUANTITY | ITEM NO. | PRODUCT DESCRIPTION | UNIT COST | TOTAL |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. |  |  |  |  | 0.00 |
| 2. |  |  |  |  | 0.00 |
| 3. |  |  |  |  | 0.00 |
| 4. |  |  |  |  | 0.00 |
| 5. |  |  |  |  | 0.00 |
| 6. |  |  |  |  | 0.00 |
| 7. |  |  |  |  | 0.00 |
| 8. |  |  |  |  | 0.00 |
| 9. |  |  |  |  | 0.00 |
| 10. |  |  |  |  | 0.00 |
| 11. |  |  |  |  | 0.00 |
| 12. |  |  |  |  | 0.00 |
| 13. |  |  |  |  | 0.00 |
| 14. |  |  |  |  | 0.00 |
| 15. |  |  |  |  | 0.00 |
| 16. |  |  |  |  | 0.00 |
| 17. |  |  |  |  | 0.00 |
| 18. |  |  |  |  | 0.00 |
| 19. |  |  |  |  | 0.00 |
| 20. |  |  |  |  | 0.00 |
| Subtotal: |  |  |  |  | 0.00 |

Sales Tax: $\qquad$
Shipping \& Handling: $\qquad$

## REMINDERS

[^0] Grand Total:


[^0]:    Please make sure the Community Partner accepts Purchase Orders Requests must be submitted by end of business day February 28, 2023 Items on the request must be for use for the 2022-2023 school year Requests for 2023-2024 will be processed on or after July 1, 2023 and distributed on the first day of school for returning students

