

**TWIN RIVERS CAREER & TECHNICAL  
EDUCATION AREA**

**PERKINS  
LOCAL PLAN  
EQUIPMENT REQUEST**

[PLEASE TYPE OR CLEARLY PRINT ALL INFORMATION]

Date _____	Purchase Order # _____
VENDOR: FAX# _____	TEACHER: Phone _____
NAME _____	NAME _____
Address _____	School _____
City _____	Address _____
State _____ Zip _____	City _____ Zip _____
Program Area	

Priority Number	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Shipping & Handling		
			Total Cost		

Include shipping and handling. If forgotten additional funds will not be available to cover unplanned costs.

