

# Assistive Technology & Equipment Requisition

Student Item(s) Requested for: \_\_\_\_\_

Date of Requisition: \_\_\_\_\_

School District: \_\_\_\_\_

School Building: \_\_\_\_\_

Reason for Requisition: \_\_\_\_\_

Catalog Page #	Quantity	Item Description	Unit Cost	Total Cost

*Please include shipping & handling charges.*

TOTAL \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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**Approval Section:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mid-State Special Education Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Superintendent

\_\_\_\_\_  
Date