

Worthington Independent School District 518 Purchase Order

Account Code

Invoice #

Date:

PO#

Vendor#

Company Name :			
Address :			
City :	State :	Zip :	
Phone :	FAX :		

Invoice only to:

Ship To:

Independent School District 518		School		
Administration Office		Dept		
1117 Marine Ave.		Address		Phone
Worthington, MN 56187		City	State	Zip

PAYMENT TERMS: Invoices are approved for payment on the fourth Tuesday of the month. Claims for payment must be received and processed for payment by the first of each month. Claims received after the first will be paid the month following. No penalty for late payment will be paid for claims less than 60 days after the receipt of invoice/goods/services

Ship prepaid via best way unless otherwise indicated

Material on this order is exempt from
Federal Excise Tax and State Tax

Tax Exempt Number 9005211

Part Number	Quantity	Description	Unit Price	Amount
Freight/Delivery Charge				
You Are Authorized to furnish the article listed at the Prices shown and at the time and place herein specified			TOTAL	

Ordered By: _____

Authorized By: _____

SPECIAL EDUCATION REQUISITION FORM

Directions: Complete this form for all special education purchases. Incomplete forms will not be accepted. Only items required for special education purposes should be listed on this requisition.

Special Education Instructional Supplies, Materials and Equipment Eligibility and Necessity Determination Questions

Directions: Complete the following questions before identifying special education purchase requests.

Student Materials

- | | | |
|--|------------|-----------|
| 1. Will the materials be used directly by or with students with disabilities? | YES | NO |
| 2. Are the materials specifically instructional in nature? | YES | NO |
| 3. The materials are in addition to those provided the same students in the mainstream?
<i>For example, the district provides basic textbooks, computers, and other equipment and supplies for all students. Similar materials are not eligible for special education reimbursement when provided to students with disabilities regarding of setting.</i> | YES | NO |
| OR | | |
| Does the student with a disability require materials specially adapted for the disability in order for the students to benefit from the special education program?
<i>For example: Braille tests would be eligible while a basic print text at a different grade level is NOT an adapted test.</i> | YES | NO |
| 4. Will students with disabilities be the primary and priority users of the materials? | YES | NO |

*If you answered **YES** to questions 1-4, the supplies and materials are **eligible expenditures**.*

Teacher Materials

- | | | |
|---|------------|-----------|
| 1. Will the teacher's manuals and materials be supplemental to the curriculum? | YES | NO |
|---|------------|-----------|

*If you answered **YES** to questions 1-4, the supplies and materials are **eligible expenditures**.*

If you answered **NO** to any of the questions, the expenditure is not an allowable purchase using special education funds. A general purpose requisition must be used.

Disability Area:

- | | | | | |
|-----------------------|---------------|-------------|-----------------------|----------------------------|
| 401 Speech | 402 DCD M/M | 403 DCD S/P | 404 Physically Imp | 405 DHOH |
| 406 Visually Impaired | 407 SLD | 408 EBD | 409 Deaf/Blind | 410 OHI |
| 411 ASD | 412 Dev Delay | 414 TBI | 416 Severely Multiply | 420 3 or More Disabilities |

Person Submitting Request: _____ Date: _____

I verify that this purchase meets the requirements for state and federal funding formula P.L.105-17, Section 613 (a)(2)(i), Minn. Statute 125.75, subd. 4

Deb Stoll
Assistant Special Education – SWSC
Serving Worthington Public School District



Signature