



Pacific Charter Institute

STUDENT SPECIAL ORDER REQUEST

Student Name	SSID #
School/Location	

Requested By: _____
 Date of Request: _____

Notes:

Vendor Information

Name: _____
 Address: _____
 City, State ZIP: _____
 Email: _____
 Phone: _____
 Fax: _____
 Shipping Location: _____

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

Subtotal: _____

Completed By: _____

Sales Tax: _____

Shipping & Handling: _____

REMINDERS

- Please make sure the Vendor accepts Purchase Orders
- Requests must be submitted by end of business day February 28, 2020
- Items on the request must be for use for the 2019-2020 school year
- Requests for 2020-2019 will be processed on or after July 1, 2020 and distributed on the first day of school for returning students

Grand Total: _____