COPPER RIVER SCHOOL DISTRICT PO Box 108 Glennallen, AK 99588			PAGE: OF SCHOOL: <u>UPSTREAM LEARNING</u>				
SUPPLIES/EQUIPMENT ORDER FORM			CODE: 100.099.140.000.451				
VENDOR:			DATE				
ADDRESS:							
CITY/STATE/ZIP:			LEAD TEACHER'S AUTHORIZATION:				
PHONE #:			PURCHASE ORDER #: to be filled in by office staff				
FAX #:							•
QTY	ITEM #	DESCRIPTION (I	NCLUDE WHETHER ITEM IS A BOOK, CD, ETC.)	COST	RELATED SUBJECT	IS THIS ITEM CONSUMABLE?	STUDENT NAME
I understand that I am ordering these items for the			school year and that all non-consumable	PAGE TOTAL		Parent, please circle;	
items must be returned. Each item will support a subject liste				SHIPPING		Does vendor accept	
If I withdraw prior to November 1, I must reimburse CRSD for			the total amount invoiced for purchases. TOTAL purchase orders? YES NO				
Parent signature			Date			- Constant	
SUPERI	NTENDENT'S APPRO	VAL:					