

BRIC REQUISITION

Date: _____

Vendor Info: _____

Phone: _____

Fax: _____

Web Site: _____

Requested By: _____

Program: _____

Ship To: _____

| Item # | Description | Quantity | Unit Price | Total Price | UFARS Coding |
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| ESTIMATED TOTAL | | | | | |

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| Justification: (Why is this needed in a special education room, but not a general education room.) | Approvals |
| | Program Supervisor: _____ Date Executive Director: _____ Date |