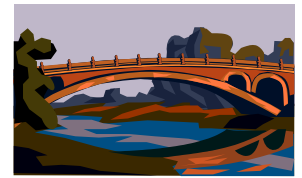


**James River Special Education Cooperative**  
**207 2nd Ave SE 3rd Floor**  
**PO Box 1896**  
**Jamestown, ND 58401**  
**701.252.3376**



Date: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Grade or Subject: \_\_\_\_\_

Room or Building: \_\_\_\_\_

Instructor: \_\_\_\_\_

Approved By \_\_\_\_\_  
 (Director's Signature)

Name and Address of Company: \_\_\_\_\_  
 (Include Phone Number)  
 Only one company per requisition) \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Quantity	Catalog/Item#	Description	Unit Cost	Total Cost
			Sub-Total	
			S&H(7%)	
			Total	