

**I. HEADER INFORMATION**

ENTITY NAME \_\_\_\_\_ IRN \_\_\_\_\_

**II. INFORMATION ON PROJECT:**

NONPUBLIC SCHOOL WHERE UNIT LOCATED \_\_\_\_\_ IRN \_\_\_\_\_

DISPOSAL       REPLACEMENT       REPAIR       RELOCATION

UNIT YEAR \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_ SERIAL # \_\_\_\_\_

ESTIMATED COST OF PROJECT \_\_\_\_\_ CURRENT ESTIMATED VALUE \_\_\_\_\_  
*(ATTACH VERIFICATION)* *(FOR REPLACEMENT REQUESTS ONLY – ATTACH VERIFICATION)*

ESTIMATED PROJECT START DATE \_\_\_\_\_ ESTIMATED PROJECT END DATE \_\_\_\_\_

**III. DESCRIBE PROJECT REQUEST**

**IV. SIGNATURES**

\_\_\_\_\_  
SUPERINTENDENT/TREASURER/PRINCIPAL SIGNATURE      PRINTED NAME      DATE

FOR ODE USE ONLY (TO BE COMPLETED BY THE AREA COORDINATOR)					
RECOMMENDATIONS:	DISPOSAL <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	REPAIR <input type="checkbox"/>	RELOCATION <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>
SITE VISIT COMPLETED <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	NOT RECOMMEND <input type="checkbox"/>	APPROVED EXPENDITURES NOT TO EXCEED _____		
AREA COORDINATOR AUTHORIZATION OF REQUISITION SIGNATURE _____	DATE _____	MOBILE UNIT ADMINISTRATOR REQUISITION SIGNATURE (IF NECESSARY) _____			
RETURN TO DISTRICT FOR USE FOR PAYMENT REQUEST (BELOW)			FY _____ INVOICES MUST BE SUBMITTED PRIOR TO		

**V. PARTIAL PAYMENT FOR REPLACEMENT (OPTIONAL)**

COST OF UNIT \_\_\_\_\_ ACTUAL COST PAID (ATTACH INVOICES/VOUCHERS/PROOF OF PAYMENT) \_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT/TREASURER/PRINCIPAL SIGNATURE      PRINTED NAME      DATE

\_\_\_\_\_  
AREA COORDINATOR APPROVAL SIGNATURE      DATE      AMOUNT APPROVED FOR PARTIAL PAYMENT

**VI. FISCAL INFORMATION (COMPLETED BY DISTRICT AFTER COMPLETION OF WORK)**

COST		
1. INVOICES, PURCHASE ORDERS, AND PAYMENT VOUCHERS (ATTACH VERIFICATION)		
CREDITS		
2. PARTIAL PAYMENT (LISTED IN SECTION V)		
3. TRADE-IN ALLOWANCE (IF APPLICABLE)		
4. TOTAL CREDITS (ADD LINES 2 AND 3)		
<b>TOTAL AMOUNT REQUESTED (SUBTRACT LINE 4 FROM LINE 1)</b>		

_____ SUPERINTENDENT/TREASURER/PRINCIPAL SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ AREA COORDINATOR APPROVAL SIGNATURE	_____ DATE	_____ MOBILE UNIT PAYMENT ADMINISTRATOR APPROVAL