



**PUPIL SERVICES DEPARTMENT PURCHASE ORDER REQUISITION FORM  
iPAD ORDERS ONLY**



School \_\_\_\_\_ Teacher Name (please print) \_\_\_\_\_ Date \_\_\_\_\_

Apple, Inc. \_\_\_\_\_ 4888 \_\_\_\_\_

Name of Company \_\_\_\_\_ Vendor Number \_\_\_\_\_

12545 Riata Vista Circle MS 198-31ES Austin, TX 78727-6524 \_\_\_\_\_

Vendor Address \_\_\_\_\_

866-845-2999 800-800-2775 X 46861 \_\_\_\_\_

Vendor Email \_\_\_\_\_ Vendor Fax Number \_\_\_\_\_ Vendor Phone Number \_\_\_\_\_

Quantity	Catalog #	Description	Unit Cost	Total Cost
1		iPad 10.2-inch WiFi 256GB	\$449.00	
2		AppleCare+ for iPad	\$79.00	
3				
4				
5	<input type="checkbox"/>	Teacher/Classroom iPad		
6	<input type="checkbox"/>	Student iPad <b>MUST ATTACH CONSIDERATION PAGE FROM IEP</b>		
7	<input type="checkbox"/>	Home use <b>MUST ATTACH SUPPLEMENTAL SERVICE PAGE</b>		
8		Student Name: _____		
9		Student WVEIS #: _____		
10				
11				
12				
13				
14				
			<b>TOTAL:</b>	

**By signing this request form, you are acknowledging the following:**

- This is a **request** and **approval is not guaranteed**.
- Orders **MUST NOT** be submitted until the request is approved and you receive the purchase order.
- All sections of this form must be completed, or it will delay processing and/or the form will be returned.

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Principal's Signature

**TO BE COMPLETED BY CENTRAL OFFICE**

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
PO Number