P eoria E duca tio n al R egi o n F or E mployment and C ar ee r T r a ining

request form

*Instructions: Please type or print clearly. Fill out completely and keep a copy for your records. Please include shipping and handling charges. Return original form to P.E.R.F.E.C.T.*

2000 Pioneer Parkway, Suite 19C Peoria, Illinois 61615 phone (309) 693-7373 fax (309) 693-7375

Date of Request School

Teacher Program Represented

VENDOR INFORMATION

*Please fill out completely.*

Vendor

 Address

Address

Request Funding From:

🞏 Perkins Equipment

🞏 Perkins Curriculum Materials/Software

🞏 CTEI Equipment

🞏 CTEI Curriculum Materials/Software

🞏 Other:

City, State, Zip

Phone

Toll Free

Performance Goal(s) this Request Addresses:

🞏 Academic Skill Proficiencies

🞏 Career (Vocational) & Technical Proficiencies

 🞏 Participation & Completion in Non-traditional Programs

Fax

🞏 High School Graduation Rate

🞏 Post-High School Placement

*Please check items received, initial below and return copy to P.E.R.F.E.C.T.*

All items received. Please pay entire invoice.

Order incomplete. Please pay invoice on checked items only. Other:

Office Use Only

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| --- | --- | --- | --- | --- |
| 9Received | Quantity | Catalog Number / Item Description | Unit Price | Total Amount |
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|  |  | *Shipping & Handling MUST be included.* |  |  |
|  | SUBTOTAL |  |
| S & H |  |
|  |  |
| BALANCE DUE |  |

Date Ordered/Faxed PERFECT Acct # PERFECT PO #

🞏 Approved

🞏 Not Approved

System Director

Principal / Board of Control