		THE S	PUR	RD OF SARA CHASING DE HASE ORDE	PARTMEN	Т	DRIDA	
Cost Center Name SCS CTE						Date:	2/16/2022	
Individual Submi	tting	Berman						
Team Leader							Date Approved _	
Cost Center Hea	ignature:				Date Approved			
							For School Office Use C	nly
VENDOR'S NAME A			•	□ c	eck account to l General Operating apital Outlay	oe charged		
NAME			aching Entrep	reneurship		_ =	ottery	
STREET/BOX CITY/ST/ZIP							ther nternal Accounts	
Phone #		232-3333			,	_	rnal Acct #	
Fax#		232-2244				* 1	f internal account this mu	st be filled out
FAILUR	Е ТО	COMPLET	E THIS FOR	M IN FULL MA	AY RESUL	T IN A DE	LAY OF YOUR	ORDER
Item Number	QTY	' UNIT		DESCRIP	TION		Unit Price	Total Price
1	1	District	All district ac	cess to EE/E1	I/E2 inclusi	ve	\$75,000.00	\$75,000.00
			of ESB integ	ration				
1	1	Discount	Discount				-\$25,000.00	-\$25,000.00
	16-Feb-22							
			Quote No. 2022-SF-93910					
		•	FOB Shipping paid by SCSB -			*Shippi	ng Charges	\$0.00
						_		
			*if shipping cost	is unknown, esti	mate 10%	тот	AL COST	\$50,000.00
				INSTRUCT	ONS			
Please complete Head. Failure to								
BOOKKEEPING US		.Y			<del></del>			
VENDOR #			P-Card Reg #		P.O. #			Posted on-line
			T/C #		Cost Strip			