

PURCHASE REQUISITION

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

PURCHASING

SCHOOL OR DEPARTMENT NAME		REQUESTING PERSON	EXT:	REQUISITION NUMBER	
REQUISITION DATE	DATE WANTED	DELIVER TO (Include Zip Code)		FOR PURCHASING USE ONLY	
IN ORDER TO PROCESS YOUR ORDER, THIS SECTION MUST BE FILLED OUT COMPLETELY				PURCHASE ORDER # _____	
ORG KEY	OBJECT CODE	VENDOR 1	NAME United Communication Systems, Inc.	NAME	
PROPOSED USE Translations			ADDRESS (Include Zip Code) 852 Chestatee Point, Dawsonville, GA 30534	SECOND QUOTE	ADDRESS (Include Zip Code)
PROGRAM DESCRIPTION			Phone: 800-513-9894		Quotations By:
CHECK <input type="checkbox"/> Instructional <input type="checkbox"/> Non-Instructional			Fax: 706-216-4660		Mike Salermo

Line	Quantity	Unit	ONLY PROVIDE FULL DESCRIPTION: CATALOG OR STOCK NUMBER, SIZE, COLOR, ETC.	VENDOR 1		VENDOR 2	
				UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
1	1	ea	Noise Supressing Headset Microphone #HS55	\$64.00	\$64.00		
2	1	ea	Body Pack wireless transmitter w/mute switch w/AA batteries #T32	\$329.00	\$329.00		
3	15	ea	Body Pack wireless single channel w/AA batteries #R35N	\$75.00	\$1,125.00		
4	15	ea	Mono Folding Headphones #HD21	\$10.00	\$150.00		
5	1	ea	System Carry Cases w/lifetime guarantee #C60	\$95.00	\$95.00		
6	0		Headset Microphone Single Channel Wireless Communication System				
7							
8	1		Less 10% discount and no tax charged	-\$176.30	-176.3		
9							
10							

APPROVALS		DATE	I certify that the above expenditures comply with the statutes and regulations of the above funding source(s) and that these expenditures will be used exclusively for those purposes. Program Justification: _____ Signature of Fund Manager (Restricted Funds) Date	SUB-TOTAL	\$1,586.70	SUB-TOTAL		
PREPARED BY				SALES TAX			SALES TAX	
PRINCIPAL OR DEPARTMENT HEAD				SHIPPING CHARGE	\$109.09		SHIPPING CHARGE	
REGIONAL SUPERINTENDENT				TOTAL	\$1,695.79		TOTAL	
BUSINESS OFFICE				This is <u>NOT</u> a Purchase Order				