# STUDENT EQUITY & OPPORTUNITY 2019 - 2020 "OWL" ORDER FORM

*Requests are processed in the order they are received. Please allow **3 weeks** for processing.*

**1** Who is making this request? And what is their phone number?

**2** Where should this order be delivered? NOTE: DPS Buildings ONLY. No items will be delivered to home addresses.

**3** Who/Where are we ordering from? Please provide a sales rep contact name if you have already been working with someone from the vendor. If ordering from Sam's Club, be sure to enter the address of which location you wish to pick up from. If ordering from a common website, only enter the website URL.

**4** When do you need the items by? This is mainly for food deliveries (date and time), but if you have a deadline, please enter it. NOTE: Requests are processed in the order they are received. Please allow at least 3-weeks for processing.

**5** Select your team and funding source from the drop-down list here. If you are unsure, ask your supervisor, or someone from the Finance Team. Please note – Medicaid funds are only for health supplies or health-related services.

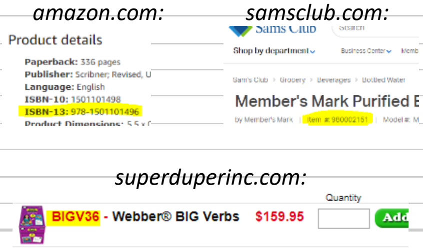
**6** Select your item type from the drop-down list here. Only one item type is allowed per OWL. Remember – a vendor quote is required for assessments, equipment, software, and anything over $10,000.

**7** Product Codes ensure order accuracy. Examples below:

amazon.com:

samsclub.com:

superduperinc.com:




**8** Detailed Item Descriptions ensure order accuracy. Examples below:

*Lost at School: Why Our Kids… (Paperback Book)*

*Member's Mark Purified Bottled Water (16.9fl.oz, 45pk)*

*Webber BIG Verbs Photo Cards (360ct Box)*

**9** How many do you need?

**10** What is the cost of 1?

**11** Notes/Special Instructions: Please provide any and all necessary information to get the correct items to the correct person within the correct timeframe.

**12** Email completed order forms **as an Excel attachment** to your supervisor/department head. ONE OWL per email please. Supervisors: please forward "approved" email **with OWL attachment** to apriljoy_freudenburg@dpsk12.org.

DO NOT TOUCH!

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*All of the calculations will auto-fill once you complete steps 4 & 5, and 9 & 10.*

## Form

**REQUESTOR (Person Completing Form):**
Name:
Phone #:

**DELIVERY INFORMATION:**
Name:
Cell Phone #:
School / Building:
Delivery Address:
Room / Floor:
City, State, Zip:

**VENDOR INFORMATION: (One Vendor Per OWL)**
Vendor Name:
Contact Name:
Address:
City, State, ZIP:
Phone #:
Website:

**For TIME-SENSITIVE Orders, Please Specify:**
Need By Date:
Need By Time:

*Select the funding you wish to use to purchase this request. If you are unsure, ask your supervisor.*
TEAM/FUND: Select Your Team and Fund

***A **vendor quote** is **required** for assessments, equipment, software, and anything over $9,999. DPS policies are subject to change with or without notice.*
ITEM TYPE: Select an Item Type

| Item #, ASIN #, ISBN #, Product Code, or Catalog # | Item Description | QUANTITY Requested | Ordered | Received | Cost Per Unit | Total Cost |
|---|---|---|---|---|---|---|
| | | | | | | $0.00 |
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Email completed order forms as an Excel attachment to your supervisor/department head. *One OWL per email please.*
Supervisors: Please forward "Approved" email with OWL attachment to AprilJoy_Freudenburg@dpsk12.org.

Notes/Special Instructions: (Delivery Info, Discount Code, etc.)

***Shipping & Handling is auto-calculated at 10% and will be adjusted or removed as necessary.*

| | |
|---|---|
| Subtotal: | $0.00 |
| ** S&H: | $0.00 |
| TOTAL: | $0.00 |

*DPS is always tax exempt.*

|------------ FOR OFFICE USE ONLY ------------|

*Date Received:*
*Date Ordered:*
*Payment Method:*
*Order #:*

*OWL Last Revised 6/19/19*

*MH Approval: (sign & date)*

*PaymentNet Approvals*

| | |
|---|---|
| BR: | 0 |
| CO: | 0 |
| AU: | 0 |
| RS | |

*Budget Tracking: (sign & date)*