

**Auxiliary Service Mobile Unit  
Repair/Replacement/Relocation Requisition**

**I. HEADER INFORMATION**

PUBLIC SCHOOL DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_ IRN \_\_\_\_\_  
 PUBLIC SCHOOL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 NON-PUBLIC SCHOOL \_\_\_\_\_ IRN \_\_\_\_\_

**II. INFORMATION ON PROJECT: UNIT/VEHICLE BEING REPLACED, REPAIRED, OR RELOCATED**

PRIORITY (PLEASE CHECK ONE): DISPOSAL  REPLACEMENT  REPAIR  RELOCATION   
 UNIT YEAR \_\_\_\_\_ DATE PURCHASED \_\_\_\_\_ SERIAL # \_\_\_\_\_

ESTIMATED COST OF PROJECT \_\_\_\_\_ CURRENT ESTIMATED VALUE \_\_\_\_\_  
 (ATTACH VERIFICATION) (FOR REPLACEMENT REQUESTS ONLY - ATTACH VERIFICATION)

ESTIMATED PROJECT START DATE \_\_\_\_\_ ESTIMATED PROJECT END DATE \_\_\_\_\_

**III. DESCRIBE PROJECT REQUEST**

**IV. SIGNATURES**

\_\_\_\_\_  
 SUPERINTENDENT SIGNATURE PRINTED SUPERINTENDENT NAME DATE  
 \_\_\_\_\_  
 TREASURER SIGNATURE PRINTED TREASURER NAME DATE

FOR ODE USE ONLY (TO BE COMPLETED BY THE AREA COORDINATOR)					
RECOMMENDATIONS:	DISPOSAL <input type="checkbox"/>	REPLACEMENT <input type="checkbox"/>	REPAIR <input type="checkbox"/>	RELOCATION <input type="checkbox"/>	EMERGENCY <input type="checkbox"/>
SITE VISIT COMPLETED <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	NOT RECOMMEND <input type="checkbox"/>	APPROVED EXPENDITURES NOT TO EXCEED _____		
AREA COORDINATOR AUTHORIZATION OF REQUISITION SIGNATURE _____		DATE _____	MOBILE UNIT ADMINISTRATOR REQUISITION SIGNATURE (IF NECESSARY) _____		
RETURN TO DISTRICT FOR USE FOR PAYMENT REQUEST (BELOW)			FY _____ INVOICES MUST BE SUBMITTED PRIOR TO SEPTEMBER 30,		

**V. PARTIAL PAYMENT FOR REPLACEMENT (OPTIONAL)**

COST OF UNIT \_\_\_\_\_ ACTUAL COST PAID (ATTACH INVOICES/VOUCHERS/PROOF OF PAYMENT) \_\_\_\_\_  
 \_\_\_\_\_  
 TREASURER SIGNATURE PRINTED TREASURER NAME DATE  
 \_\_\_\_\_  
 AREA COORDINATOR APPROVAL SIGNATURE DATE AMOUNT APPROVED FOR PARTIAL PAYMENT

**VI. FISCAL INFORMATION (COMPLETED BY DISTRICT AFTER COMPLETION OF WORK)**

COST		
1. INVOICES, PURCHASE ORDERS, AND PAYMENT VOUCHERS (ATTACH VERIFICATION)		
CREDITS		
2. PARTIAL PAYMENT (LISTED IN SECTION V)		
3. TRADE-IN ALLOWANCE (IF APPLICABLE)		
4. TOTAL CREDITS (ADD LINES 2 AND 3)		
<b>TOTAL AMOUNT REQUESTED (SUBTRACT LINE 4 FROM LINE 1)</b>		

_____ TREASURER SIGNATURE	_____ PRINTED TREASURER NAME	_____ DATE
_____ AREA COORDINATOR APPROVAL SIGNATURE	_____ DATE	_____ MOBILE UNIT PAYMENT ADMINISTRATOR APPROVAL