

**OHIO DEPARTMENT OF EDUCATION
REPLACEMENT REQUISITION
AUXILIARY SERVICE MOBILE UNIT**

I. HEADER INFORMATION

Public School District _____ County _____ IRN _____
 Public School Address _____ City, State _____ ZIP _____
 Non-Public School _____ IRN _____

II. INFORMATION ON SUBJECT UNIT/VEHICLE BEING REPLACED, REPAIRED, RELOCATED OR EMERGENCY

Unit Year _____ Date Purchased _____ Serial # _____
 Estimated Repair Cost _____ (attach verification) Vehicle Current Estimated Value _____ (attach verification)

PRIORITY (Please Check One) Replacement Repair Relocation Emergency

III. DESCRIBE REQUEST

IV. FISCAL REQUEST

	COST
1. Actual cost (attach bid or quote)	_____
2. Trade-in allowance	_____
3. Total amount requested (subtract line 2 from line 1)	_____

V. SIGNATURES

_____ Superintendent	_____ Printed Superintendent Name	_____ Date
_____ Treasurer	_____ Printed Treasurer Name	_____ Date

ODE REGION 01 02 03 04 05 06 07 08
 09 10 11 12 13 14 15 16

FOR ODE USE ONLY

Replacement <input type="checkbox"/>	<input type="checkbox"/> Site Visit completed (if necessary)
Major Repair <input type="checkbox"/>	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommend
Relocation <input type="checkbox"/>	
Emergency <input type="checkbox"/>	

_____ Coordinator Signature	_____ Date	_____ Director Authorization
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