**2020-2021 CIMC APH INSTRUCTIONAL PRODUCTS REQUEST FORM**

*E-mail order to:* [**cimcaphorders@csdb.org**](mailto:cimcaphorders@csdb.org) ***Please call with questions:* 719-578-2196**

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| **(1) Date: ­­­\_\_\_\_\_\_**  **(2) Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(3) Grade:** \_\_\_\_ *Please verify this student meets the eligibility requirements for the Federal Quota Program and is therefore eligible to access the CIMC repository of APH educational materials. Please see our website for additional information on Federal Quota Census & eligibility.*  I verify this student has a current (within 3 yrs) eye report on file with the district. (**initial here**🡪\_\_**\_**)  I have a Parent Consent on file with my district and submitted a copy with CIMC. (**initial here**🡪**\_\_\_**)  I verify every item on this order is intended for this quota eligible student.(**initial here**🡪**\_\_\_**) | | | | | **CIMC Use Only** Verify APH eligibility:  \_\_\_Yes - proceed w/order  \_\_\_\_No - student is not eligible  currently, please  notify TVI & AU contact  CIMC APH Order Number: #21-\_ \_ \_ \_  \_\_\_\_\_\_ Pulled from inventory  \_\_\_\_\_\_ Ordered APH.org  w/purchase order#  CIMC Purchase Order number:  020 -  022 - **21**-\_ \_ \_ \_ \_- 0 \_ \_ \_  023 -  [FQ] - [FY] - [KLAS code] - [Order #]  APH order #\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_ Print email/forward  order confirmation  \_\_\_\_\_\_ Email AU status  \_\_\_\_\_back order status  \_\_\_\_\_receipt reminder  \_\_\_\_\_\_ Enter CDE database  \_\_\_\_\_\_ File in open orders  \_\_\_\_\_\_ Date AU confirmed  receipt of materials | | |
| **(4)** Administrative Unit or BOCES name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(5)** Your CIMC 5-digit KLAS code (library database): \_\_ \_\_ \_\_ \_\_ \_\_  **(6)** Your school district name: | | | | |
| **(7)** Name of TVI for this order:  **(8)** TVI email:  **(9)** TVI phone number:  **(10)** Name of person placing order, if different than TVI: | | | | |
| **(11)** Shipping information: **a.)** Name of person receiving delivery: ATTN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **b.)** Name of school/admin building: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **c.)** Address line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **d.)** City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Colorado, Zip: \_\_\_\_\_\_\_\_\_  **e.)** Phone for delivery purposes: | | | | |
| ***Additional information from YOU to the CIMC to help us process this order:***  *\*According to CIMC procedures, we can only ship to school/admin addresses.*  *Please call the CIMC before submitting this order if you are experiencing school-related shipping issues due to COVID-19 and want to request this order to be shipped to a TVI’s home (we cannot ship to the homes of students) and indicate “(home address)” in line 11b above. If this order contains a high-cost item, we want you to assure us it can be delivered and received without the risk of theft, etc. …this box will automatically expand if you want to type additional information here:*  *Please Order Responsibly. Remember, quota funds are finite. Districts have agreed to ask administrators for funding to purchase products, including consumable materials, from www.aph.org using district funds.* | | | | |
| **PRODUCT NAME**  *Please type EXACTLY as it appears on the www.aph.org website.*  *(Right click to add lines as needed)* | **PRODUCT SKU:**  *please include dashes* | **QTY.** | **COST EACH** | **TOTAL COST** | **CIMC use only**  Date  pulled from CIMC  inventory | **CIMC use only**  Ordered from APH website | **CIMC use only**  Shipped out of CIMC |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
|  |  |  | $ | $ |  |  |  |
| **TOTALS *please:*** |  |  |  | $ |  |  |  |

**Colorado Instructional Materials Center (CIMC): 1015 East High Street, Colorado Springs, CO 80903** 

*…Learning, Thriving, Leading*

33 N. Institute Street, Colorado Springs, CO 80903 719-578-2100 719-578-2239 fax www.csdb.org

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