**CIMC APH INSTRUCTIONAL PRODUCTS ORDER FORM**

*E-mail Order Form to:* **cimcaphorders@csdb.org** ***Please call with questions:* 719-578-2196**

|  |  |
| --- | --- |
| **School District: Complete Items 1-15 below:****(1) Date:** Replace Text with Date:**(2) Student’s name:** Replace Text with Student’s Name**(3) Grade:** Replace Text with Grade**(4)** *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.* a) I verify this student has a current (within 3 yrs.) eye report on file with this district. **Initial here**🡪 \_ \_ b) I have a Parent Consent on file with my district and submitted a copy with CIMC. **Initial here**🡪 \_ \_ c) 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:** **#2\_-\_ \_ \_ \_**\_\_\_\_ Pulled from CIMC inventoryand/or\_\_\_\_ Ordered from APH.org ***CIMC Purchase Order #*** 020-2\_- 022-2\_- 023-2\_- [FQ]-[FY]-[KLAS code]-[Order #]***APH Online Order Confirmation #***\_\_\_\_ Email order confirmation. \_\_\_\_ FW APH online order conf.  \_\_\_\_back-order status\_\_\_\_ Email AU shipping status \_\_\_\_back-order status \_\_\_\_receipt reminder\_\_\_\_ Enter CDE database\_\_\_\_ File in open orders\_\_\_\_ Closed in database |
| Please line up responses below:**(5)** Administrative Unit or B.O.C.E.S. name: **(6)** Your 5-digit **KLAS code** (library database): #\_ \_ \_ \_ \_**(7)** Your school district name:  |
| **(8)** Name of TVI for this order: **(9)** TVI email: **(10)** TVI phone number: **(11)** Person placing this order, if different than TVI: |
| **(12)** Shipping information: *According to CIMC procedures, we can only ship to*  *school/administration addresses. Please call the CIMC if you have any questions.* **a)** Name of person receiving delivery: **b)**  Name of school/admin building:**c)** Address line 2: **d)** City, State, Zip:  **e)** for ***delivery*** purposes: (\_\_\_)\_\_\_-\_\_\_\_(**do not leave blank**) |
| ***(13) Optional:*** *Please type any additional information from YOU to the CIMC staff to help us process this order:**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.* |
| **(14) Product Name:***EXACTLY as it appears in the APH catalog or on the APH website* | **Catalog Number:***Include dashes* | **Qty.** | **Cost Each** | **District Use :***Date**received* | **CIMC use only**Pulled from CIMC inventory | **CIMC use only**Ordered from APH website | **CIMC use only**APH to ship -or-date shipped out of CIMC |
| a) |  |  | $ |  |  |  |  |
| b) |  |  | $ |  |  |  |  |
| c) |  |  | $ |  |  |  |  |
| d) *(Right click, “insert rows below” as needed)*  |  |  | $ |  |  |  |  |
| ***(15) Totals please*** 🡪 | Qty: | $ | Email CIMC order rec’d complete | Date district confirmedreceipt of completed order |

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

*…Learning, Thriving, Leading*

CSDB, 33 N. Institute Street, Colorado Springs, CO 80903, (719)578-2100, www.csdb.org - Revised 3/17/23\_JO