

**Textbook Orders**

**Pawtucket School Department**

|                                                     |                                                     |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="radio"/> <b>Regular Education Form</b> | <input type="radio"/> <b>Special Education Form</b> |
| Publisher: _____                                    | School: _____                                       |
| Address: _____                                      | Order Date: _____                                   |
| _____                                               | Purchase Order # _____                              |
| _____                                               | Acct. #: _____                                      |

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bill to:</b> Pawtucket School Department<br>Edward J. Creamer<br>Administration Building<br>PO Box 388<br>Park Place<br>Pawtucket, RI 02862<br><br>Tel (401) 729-6300<br>Fax (401) 727-1641<br><br><b>Principal Signature:</b> _____ | <b>Ship to:</b> Fallon Memorial Elem. School<br>62 Lincoln Avenue<br>Pawtucket, RI 02861<br>401-729-6254<br><br>C/O<br><br><b>DO NOT SHIP BEFORE:</b><br><b>BOOKS MUST BE RCV'D</b><br><b>NO LATER THAN</b> _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**ITEM #**

|                      |                       |
|----------------------|-----------------------|
| Catalog # _____      | ISBN # _____          |
| Textbook Title _____ | _____                 |
| Grade /Level: _____  | Copyright Year: _____ |
| Author: _____        | _____                 |
| Department: _____    | Subject _____         |
| Teacher: _____       | Quantity: _____       |
| Unit Price: _____    | Total \$ : _____      |

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**Total Book Orders this Page**

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Total book orders this page

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| Total book orders this page   |  |
| Total Book Orders Page 1      |  |
| Total Book Orders Page 2      |  |
| Total Book Orders Page 3      |  |
| Sub-Total All Pages           |  |
| Shipping and Handling         |  |
| <b>Grand Total This Order</b> |  |