FEDERAL QUOTA ORDER FORM

AMERICAN PRINTING HOUSE FOR THE BLIND, INC. (APH)

APH USE ONLY
Customer Number:
APH Order Number:
Order Total:

NCDPI USE ONLY
Order Number:
Order Date:
Authorized Signature (APH Ex Officio Trustee Only)

Ship To: * (No PO Boxes)

Name, position:

Full address:

Bill To:
NC Department of Public Instruction
Office of Exceptional Children 6356
Mail Service Center
Raleigh, NC 27699-6356
ATTENTION: Terri Terrell

Email (Required): *

Phone Number (Required): *

PSU/LEA Name (Required): *

Email To: * ncaph@dpi.nc.gov

DO NOT FAX

Please fill out Quota Order Form below:

Student Initials & Birth Year	Quantity	Catalog Number	Item Description	Total Price	Does IEP Reflect Need for Item $1,000 or More (Y/N)