Name of Reques	tor: Jennifer	McCoy Date: ech Department	8/31/22			
Department/Serv	rice Area: Spee	ech Department				
Site: Varied (see	additional attac	chment for list of SLPs				
VENDOR NAME AND ADDRESS		Continued.com LLC PO Box 734836 Dallas, TX 75373				
PHONE # OF VEI	NDOR	Danies, 177 70070			0	
FUNDING GUIDELINES:	(Attach vendor of print out or any	TON OF ITEMS REQUESTED quote for items requested, website additional information that will assimaking process) Please stay within nes on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL	
5	One Year Subsc	ription to speechpathology.com	17	\$89.00	\$1,513.00	
	ż			Subtotal	\$1,513.00	
			Tax	8.75% Shipping		
		TOTA	\L		\$1,513.00	
Describe how the Education/Health Case Management Continuing Educatio our district SLPs to language pathology website will help SLI	e materials and/o programs. Plea Services-speechpo in Units (CEUs) or gain more knowl . In order to bill fo Ps maintain their lice	or services requested are supported to services requested are supported to services requested are supported to services as a wide variety of topics related to the services of	oplemental to delines the particles to our field. A see and new in GLPs must have	oroposal sup SIPs the or subscription to formation in 1	pports. portunity to acc this website al	
Requested by (prir	nt name): Jenn	ifer McCoy Signature	: Jennifer	Me Coy		
Approved by (print	name): <u>Michell</u>	Sebastian Signature	Dedd .	20 -		
Budget Code:						
Budget Code:		.00				
Revised: April 1, 2022	1 500	- 9140-0-2150	(1210			
	80- 420	- 4140-0-3150	0101-			

Name of Reques	tor: Sandy F	ielding _D	ate:	06		
Department/Serv	ice Area: Scho	ool Safety				
Site: KPC						
Site.						
VENDOR NAME AND ADDRESS PHONE # OF VENDOR		CPR Institute of Indiana 111 David Lane Indianapolis, Indiana 46227 317-610-0277				
Sample: 1a	Contract Nurse to administer immunizations			1	100.00	100.00
Sample: 1f		for Health Office		3	50.00	150.00
1F	HeartStart On	site Adult Pads for AED Ma	chine	40	50.00	2000.00
	J.			Tax	Subtotal 8.75%	175.00
		T	OTAL		Shipping	\$2,175.00
Describe how the	materials and/o	rces available? If yes, ple r services requested are se reference the specific	supple	mental to	school Spe	cial
Placing an add	ditional set c	of AED pads with ea	ch AE	D mac	hine will d	ensure
that if machin	e is needed	, a back up set of p	oads	are aya	ilable.	
Requested by (print	_{name):} Sand	y Fielding Signa	ture:	30	r	
Approved by (print r	name): <u>C#A</u>	O Freeman Signa	ture:(had	7	
Revised: April 1. 2	2022	. 1				

06-515-9140-0-0000-8300-4300

Name of Reques	_{tor:} Sandy F	ielding Date:					
Department/Serv	ice Area: Offic	e of School Safety					
Site: KPC							
Site:							
VENDOR NAME AND ADDRESS PHONE # OF VENDOR		School Health Corporation 5600 Apollo Drive Rolling Meadows, Illinois 60008					
							866-323-5465
		FUNDING	DESCRIPT	ION OF ITEMS REQUESTED	QTY	AMOUNT	TOTAL
GUIDELINES: (# on back of form)	print out or any	quote for items requested, website additional information that will assist naking process) Please stay within	(each, hourly, etc)		AMOUN		
Sample: 1a		se to administer	1	100.00	100.00		
Sample: 1f	immunization	for Health Office	3	50.00	460.00		
Sample: 11	ice macnines	for nearth Office	3	50.00	150.00		
1F		AED PREP KIT:	45	9.64	433.80		
	Gloves, Scissors, Razo	, Absorbant Towel, Blo-Hazard Bag, Antiseptic Wipes					
	.£			Subtotal	\$433.80		
			Tax	8.75%	\$ 37.96		
		TOT 1		Shipping			
		TOTAL	,		\$471.76		
Describe how the	materials and/o	or services requested are supple se reference the specific guidel	emental to				
		rillators require prep for	use. A	ED's did	not		
include prep			- 2				
Requested by (prin	t name): Sand	y Fielding Signature:	200	1/			
Approved by (print	name): <u>CHA</u>	O Fileman Signature:	Chat	2			
		1	6				
Revised: April 1,		ı					
06-	515-914	0-0-8300-43	00				

Department/Sen	vice Area: Sp	eech Department				
Site: Various(se	ee attached do	cument for details)				
VENDOR NAME AND ADDRESS PHONE # OF VENDOR		SLP NOW 10810 N Tatum Blvd, Suite 102860 Pheonix, AZ 85028 (480) 808-0757				
S	SLP Now Subscripti	on. Valid for 1 year from the date of purcha	e 15	199	2,985	
			, ya.	İ		
	-				1	
	!					
			Tax	Subtotal 8.75%	0	
		Autoria 1979 - Philosophia de Grand Carlos C	194	Shipping	0	
	and the same same same same same same same sam	TOTAL			\$2,985	
Describe how the	e materials and	ources available? If yes, please de l/or services requested are supple ease reference the specific guideli d resources that assist in lesson planning for	mental to	roposal sup	ports.	
		categorized by seasonal materials, themes		manufacture and	Avenue Avenue	
		ns and materials will assist our students in i				
•		ake data in a more functional and appropri		r SLPs will out d	own on lesson	
hich will allow us to se Requested by (pri	V	her ways such as evaluating, screening obs mena Talavera Signature:	erving, etc.	a printers		
	t name): Mich	nelle Sebastian _{Signature:}	<u> </u>	Dio.		
Approved by (print						
Approved by (print Budget Code:						

66-750-9140-0-8000-3150-4318