

CHHS App Request

OFFICE

1250 Kings Highway
Lewes, DE 19958

PHONE

302.645.7711

FAX

302.645.1356



DATE: _____

TEACHER: _____

GRADE LEVEL: _____

SUBJECT(s): _____

BUILDING FLOOR CART: _____

SIGNATURE: _____

APP NAME	QUANTITY	UNIT PRICE	COST
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Subtotal	\$
			\$
Total			\$

-FOR OFFICE USE-

APP NAME	QUANTITY	UNIT PRICE	COST	ACCOUNT ACTIVATION CODE
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		Subtotal	\$	
			\$	
Total			\$	

PRINCIPAL'S SIGNATURE: _____

DATE: _____