

CCIU Ellison Order Form

Orders must be submitted **one week** prior to date needed. Please be sure to **COMPLETE THE ENTIRE FORM!**

Name: _____ Today's Date: _____

Check the box that applies to you: I work for CCIU. I work for a school. I work for CCIU in a school.

Who is paying (School/CCIU Department/Self): _____ **(Required)**

Contact phone: _____ Contact Email: _____

Delivery Information:

Delivery Method: Delivery (Courier Route Schools only) Pick Up

School: _____ District: _____

Shape Information:

Name of shape: _____ Number: _____ How many: _____ Color: _____

Special Requests/Additional Notes:

I understand that unclaimed items will be shipped to participating school districts after two weeks; otherwise unclaimed items will be donated after one month. To the best of my knowledge, I have permission to bill my district. If the district denies the expense, I understand that it is my responsibility to cover the cost.

Signature: _____

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