



Educational Service Unit #1

"Providing Innovation, Leadership and Service."

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Dr. Bob Uhing, Administrator

SERVING: CEDAR • DAKOTA • DIXON • KNOX • THURSTON • WAYNE COUNTIES

SCHOOL DISTRICT AUTHORIZATION TO PURCHASE OT EQUIPMENT/SUPPLIES

Name of Student _____

School District _____

Equipment/Supplies _____

Approximate Cost _____

Occupational Therapist _____

I hereby authorize the above named Occupational Therapist to purchase said equipment/supplies and bill the school district accordingly.

Signature

Date