



# 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 DT EQUIPMENT/SUPPLIES

Name of Student \_\_\_\_\_

School District \_\_\_\_\_

Equipment/Supplies \_\_\_\_\_

Approximate Cost \_\_\_\_\_

Ú@•~~BA~~ Therapist' /-----/

I hereby authorize the above named Ú@•~~BA~~ Therapist to purchase said equipment/supplies and bill the school district accordingly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date