# KCDA ORDER FORM

*FOR KCDA USE*

| *KCDA Order Number* |
|---|
| *Order Total* |

Date: _____

## Ordering Information

KCDA School Code: _____

Ordering Site: _____

Contact Person: _____ e-mail Address _____

Phone #: _____ Fax #: _____

P.O.# _____ Mark For: _____

Credit Card#: _____ Exp. Date: _____

Name Appears on Card: _____

❑ Procurement Card
- ❑ Visa
- ❑ MasterCard

❑ Personal Card
- ❑ Visa
- ❑ MasterCard

Approved By: (if required) _____

| ITEM NUMBER | QTY | BRIEF DESCRIPTION | TOTAL |
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Submit your order by fax: (253) 395-5402 or mail to: KCDA ~ P.O. Box 5550 ~ Kent, WA 98064-5550

## Ordering Information

KCDA School Code: _____ P.O. #_____

| ITEM NUMBER | QTY | BRIEF DESCRIPTION | TOTAL |
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