

**CHAMPLAIN VALLEY EDUCATIONAL SERVICES SCHOOL LIBRARY SYSTEM
COORDINATED COOPERATIVE COLLECTION DEVELOPMENT
ORDER SUMMARY FORM**

LIBRARY CODE: _____

VENDOR: _____

DATE: _____

STATE CONTRACT #: _____

Ship & Bill To:

*CHAMPLAIN VALLEY EDUCATIONAL
SERVICES, SCHOOL LIBRARY SYSTEM
ATTN: Jennifer Henry, SLS Director
14 Area Development Drive, Suite 100
PO Box 455
Plattsburgh, New York 12901*

	<u>Amount</u>
_____ Books (Total of all order forms)=	_____
<u>Processing:</u>	
_____ No processing, books only	
_____ Yes (supply appropriate information)	
_____ Shelf ready books @ _____ =	_____
_____ Loose kits and unfastened covers @ _____ =	_____
_____ Loose kits @ _____ =	_____
_____ Shelf list Cards are needed	_____
_____ US MARC records @ _____ =	_____
Shipping & Handling	_____

**DO NOT EXCEED (INCLUDING, PROCESSING, SHIPPING
AND HANDLING)!!**