

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

District: _____

Vendor: _____

Library: _____

Address: _____

Address: _____

Phone#: _____

School Librarian: _____

Vendor's State Contract Number (if applicable): _____

Total Amount of this order (including processing, shipping and handling): _____

This order meets the following CCCD Subject Area assigned to our library: _____



Please check the following as you attach them to this form:

_____ Double-spaced, typed order form in alphabetical order by title.

_____ Order summary form.

_____ Processing instructions for this vendor are enclosed.