

# TRI-VALLEY SELPA REQUEST FOR LOW INCIDENCE FUNDS

<b>Originator/Title</b>	<b>Class/School/Student</b>
<b>Vendor Name/Address</b>	<b>Vendor Contact/Phone/FAX</b>

Item #	Description	Quantity	Unit Price	Total Price

<b>Sub-Total</b>	
<b>Tax</b>	
<b>Shipping</b>	
<b>Total</b>	

**Low-incidence qualifying disabilities (must be on IFSP or IEP):**  
*Hard of Hearing, Deafness, Visual Impairment, Orthopedic Impairment, Deaf-Blindness*

<b>Originator's Signature/Date</b>	<b>District Director's Signature/Date</b>
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*\* Note: Please attach a statement of verification, as indicated in the LIF guidelines, to this request form.*