



1005 W Fayette St, Syracuse NY 13204

SID: _____ SO#: _____

CLIENT LEGAL NAME: Warren County School District		CLIENT STREET ADDRESS: 6820 Market St.	
CITY: Russell	STATE: PA	ZIP: 16345-3406	PHONE: 814-723-6903
BILL TO NAME: (if different from above)		BILL TO STREET ADDRESS:	
BILL TO CITY:	BILL TO STATE:	BILL TO ZIP:	BILLING EMAIL:
DELIVERY DATE: ASAP	DELIVERY CONTACT NAME: Paul Leach	DELIVERY CONTACT EMAIL: leachp@wcsdpa.org	DELIVERY PHONE: 814-723-6900

[illegible]

PO: _____ *Plus applicable taxes*
 _____ ***Terms are due on receipt**

NOTES:

CONNECTIVITY REQUIREMENTS	Remote
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IT CONTACT NAME:
Paul Leach

IT CONTACT PHONE:
814-723-6900

IT CONTACT EMAIL:
leachp@wcsdpa.org

CONNECTIVITY NOTES:

SIGNATURE:

PRINT & TITLE:

DATE: