FLORIDA INSTITUTE OF EDUCATION *at the University of North Florida*

11-Month Kit (August – June)

Bill To:				Date:
School/Agency:				
Address:				
City:				Zip:
Phone:	Email:		FAX: _	
Ship To:				
School/Agency:				
Address:				
City:				Zip:
11-Mont	th ELLM/Plus Kit	(Instructional Materia	als and Books)	
Third Editor	11-Moi	nth Kit (\$3,466.00) x Nur	mber of Kits	= \$
Early Literacy &	Atta	ach Tax Exempt Form or	Apply 7.5% Sales	Tax = \$
Learning Model			SUBTOTAL (Kit) = \$

Shipping (Ground \$50 per Kit) x Number of Kits _____ = \$ _____

TOTAL AMOUNT DUE (Kits + Tax + Shipping) = \$ _____

For more information, call or email Howaida Mousa, Senior Grants Specialist at (904) 620 2496 or h.mousa@unf.edu.

Forms	of Pay	yment
-------	--------	-------

OPTION	1: Pay by (Check
--------	--------------------	-------

Make checks payable to University of North Florida/FIE

OPTION 2: Pay with Purchase Order

Make purchase	order payable	to University	of North	Florida/FIE
wake purchase	oraci payabic	.o oniversity	0, 10,0,0	1 IOI IGG/ I IE

OPTION 3: Pay by Credit Card (DO NOT EMAIL OR FAX CRE	DIT CARD ORDERS US MAIL ONLY)		
Select 1: MasterCard Visa	Discover American Express		
Credit Card Account Number:			
Valid Thru Expiration Date: / Month Year			
Cardholder Name (Please Print)	Cardholder Signature		
Cardholder email	Cardholder Telephone Number		
Submit Completed Form and Payment to: The Florida Institute of Education at the University of Nort Attn: Howaida Mousa (ELLM/Plus) 12000 Alumni Drive • Building 43, Room 2067 Jacksonville, FL 32224	h Florida		