

Purchase Order Number:

District Name:

Contact:

Phone Number: Fax Number:

Shipping Address:

Billing Address:

City: State Zip

* Complete the information below and on the back of this form.
* Make a copy of both sides of this form and keep the copy for your records.
* Place this completed form on top of the answer documents in **Box 1** of your shipment.
* Write the number of boxes you are shipping in the space indicated below.
* Ship your completed answer documents, along with this form, to:

Strategic Measurement & Evaluation, Inc.

701 Devonshire Drive, Suite B-14

Champaign, IL 61820

* Number of boxes included in shipment: \_\_\_\_\_\_

Date of Testing: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Instructions for Processing Order  
*NOTE: Booklets cannot be scored without this completed form***

***Scoring Service Use Only*** *Order Number:   
Date Received:*