



California Association for Bilingual Education
 16033 E. San Bernardino Road
 Covina, CA 91722
 626-814-4441 Fax 626-814-4640

Proposal Request

Information for Invoice Request				
Name of the person requesting proposal:			Today's date:	
Make proposal out to:			Proposal amount:	
Give a brief description of the purpose for this proposal. (ex. Level 2 in English – 12 modules plus orientation and graduation)				
Send proposal to: (Name of organization and/or person)				
Contact person e-mail address:		Contact person phone number:		Contact person fax number:
Street Address (include suite # if applicable)		City		State
Zip				
SPECIAL INSTRUCTIONS FOR PROPOSAL DISTRIBUTION (IF ANY):				

IMPORTANT NOTE: Proposal requests are processed within two weeks. Please plan ahead to allow adequate time to obtain proposal.

FOR HEADQUARTERS USE				
Approved by:			Date Approved:	
Cost Center:	Invoice Issued:	Invoice No. (if known)	Reviewed by: (initials)	Date Reviewed:
Comments or Notes:				