

# 2016-17 CADIE ORDER FORM

*Comparative Analysis of District Income & Expenditures*

A B C D RUN \_\_\_\_\_ DATE \_\_\_\_\_

District Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Cost: \$450 client, \$550 non-client PO# \_\_\_\_\_ Billed \_\_\_\_\_

Additional Reports: \$175, Copies: \$35 each

You get two reports for a total of 40 comparison districts

District CDS Code \_ \_ \_ \_ \_

We will enter the CDS Codes

Comparison Districts

CDS	District	CDS	District
01	_____	11	_____
02	_____	12	_____
03	_____	13	_____
04	_____	14	_____
05	_____	15	_____
06	_____	16	_____
07	_____	17	_____
08	_____	18	_____
09	_____	19	_____
10	_____	20	_____