



# Jackson High School ASB Office

PO # \_\_\_\_\_  
PR#: \_\_\_\_\_  
ASB Sec.: \_\_\_\_\_

## REQUEST FOR ASB Purchase Order

**ACTIVITY / CLUB / SPORT:** \_\_\_\_\_

**ADVISOR / COACHE'S NAME:** \_\_\_\_\_

**PURCHASE ORDER FOR:** \_\_\_\_\_  
(description of items/services to be purchased)

**PURCHASE TO BE LIMITED TO:** \_\_\_\_\_ (maximum dollar amount)

**ASB ACCOUNTING CODE:** \_\_\_\_\_

**DATE(S) OF ACTIVITY:** \_\_\_\_\_

**PAYABLE TO:** \_\_\_\_\_

**ADDRESS, City State & Zip:** \_\_\_\_\_

**PHONE / FAX #:** \_\_\_\_\_

**OTHER NOTES:** \_\_\_\_\_

After items/services have been purchased, please return receipts, invoice, packing slips, etc. to the ASB Secretary with the PO# clearly written on them.

**Please obtain the following signatures in the order listed:**

Student Rep: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Printed)

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_