



PO # _____
PR#: _____
ASB Sec.: _____

REQUEST FOR ASB Purchase Order

ACTIVITY / CLUB / SPORT: _____

ADVISOR / COACH 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: _____