

## ASB PURCHASE ORDER REQUEST

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

GRADE/DEPARTMENT: \_\_\_\_\_

VENDOR ORDERING FROM: Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Quantity & Unit Of Measure	Catalog /Item Number	Catalog Page Number	Description	Unit Price	Total Price
<i>Total</i>					

\_\_\_\_\_ *Class/Club Advisor Signature* Date

\_\_\_\_\_ *ASB President Signature* Date

\_\_\_\_\_ *ASB Advisor Signature* Date

*Approved*

*Denied*