



ASB Account Name _____
 ASB Account # (listing on back) _____

Bookkeeper use only

PO # _____
 Date _____

ASB PURCHASE ORDER REQUEST & PAYMENT AUTHORIZATION

**** MUST BE COMPLETED IN INK ** ALLOW 2 WEEKS FOR PROCESSING ****

Vendor:	Vendor's Phone:
Address:	Person Requesting:
City:	Date Submitted:
State and Zip:	Deadline Date:
Vendor Email:	

☆ Event/Activity & Date: _____

☆ Club Minutes Date: _____ ☆ ASB Minutes Date: _____

Quantity	Description of Item – <i>Please attach cart, quote, invoice, registration etc. and be specific.</i>	Unit Cost	Total Cost
Notes: <i>(add examples, p-card, scanned copy, hand carry to vendor, student fees, etc.)</i>		Subtotal	
		Tax (10.1%)	
		Shipping (15%)	
		Total	

Signatures

Bookkeeper: _____

Coach/Club Advisor: _____

Activity/Athletic Director: _____

ASB Leadership: _____

Administrator: _____

Received by Bookkeeper:
