

Sweetwater Union High School District

ASB PURCHASE ORDER REQUISITION/PRIOR APPROVAL

School: _____

Date: _____

Amount not to exceed \$ _____

For ASB Office Use Only				
Funds Available:	Y	N	Verified By: _____	Approved _____ Denied _____

Vendor Information: _____

List Items to be Purchased:

QTY	ITEM#	Description	Unit Price	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			SUBTOTAL	_____
			S/H	_____
			TAX	_____
			TOTAL	_____

Reason: _____

 Signature of Student
 Representative

 Signature of Advisor/Principal

For ASB Office Use Only			
Invoice Attached:	Y	N	Check Date: _____ Check # _____

Date Check Requested: _____ Date Check Needed: _____ Return Check to You _____ or Mail _____
 (check one)

Pay to the Order of: _____ Amount: \$ _____

Charge to Acct. #: _____ Acct. Name: _____ \$ _____
 Charge to Acct. #: _____ Acct. Name: _____ \$ _____

Approval: ASB Representative _____

Approval: ASB Advisor/Administrator _____

Submit this form one week in advance BEFORE you need to place your order. If approved, a computer generated purchase order will be issued and returned to you to send/fax to the vendor. Upon receipt of invoice/receipt a check will be issued by the ASB.