|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Used by Bookkeeper only - Date** |  |  | **PO#** |  |
|  |  |  |  |  |
| ASB Account Name: |  | ASB Account # |  |

|  |
| --- |
| **ASB PURCHASE ORDER REQUEST & PAYMENT AUTHORIZATION****Payment may include cost of item, shipping, and tax** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor: |  | Vendor Phone: |  |
| Address: |  | Vendor Fax/Email: |  |
| City: |  | State: |  | ZIP |  |

|  |  |  |
| --- | --- | --- |
| Date Request Submitted: |  |  |
| Person Requesting: |  | Contact/Phone# |  |

|  |
| --- |
| **Event Date: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Minutes Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| *Quantity* | *Item* | *Unit Cost* | *Total* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Notes: *(add examples, p-card, scanned copy, hand carry to vendor, student fees, etc.)* | **Sub Total:** |  |
|  | **Shipping** ***(15% estimate)*:** |  |
| **Tax @ 10%** |  |
| **Total:** |  |

|  |
| --- |
| ***Signatures:*** |
| Bookkeeper: |  | ASB Leadership: |  |
| Coach/Advisor: |  |  Administrator: |  |
| Activity/AD: |  |  |  |