

SITE:

Associated Student Body

Purchase Order Request

Date: _____

Club: _____

Total Amount: _____

Date Check Needed: _____

Vendor: _____

Purpose: _____

Requested by: _____

Contact # and/or email: _____

ASB Meeting: _____ Assigned PO # _____

APPROVED: _____ DENIED: _____

Club President: _____ Date: _____

Club Advisor: _____ Date: _____

ASB President: _____ Date: _____

ASB Advisor: _____ Date: _____

Principal/Admin: _____ Date: _____

**ALL PURCHASE ORDER REQUESTS MUST BE SUBMITTED AT
LEAST TWO DAYS BEFORE ASB MEETING TO BE PROCESSED
THAT WEEK, IF NOT IT WILL BE PROCESSED THE
FOLLOWING WEEK.**