## Foster High School Request to Purchase

Vendor Name		Ship To: Coach/Advisor		
\/IA-I-I		,		
Vendor Address or Website		Account #		
City, State, Zip		Coach/Advisor E-mail		
		Lillan		
Meeting m	inutes approving purchase(s) attached.			
The above informat	tion must be completed in order to be proce	essed		
			UNIT	TOTAL
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	-			
		Subtotal		
Select your method of payment		Tax		
Purchase Order: Purchase Card:		Shipping		
Employee Reimbursement		TOTAL		\$
Coach/Club Advisor	· (staff)·	_	Date	
Coach/Club Advisor (staff):Club President (student):				
ASB Treasurer (student):				
ASB Advisor (staff):				
ASB Bookkeeper (staff):			Date:	