

Foothill High School
 Associated Student Body
PURCHASE ORDER REQUEST



Date:	Class/Club/Team:	ASB Account #:
Purpose of Purchase:		
Amount Requested:	Current Account Balance:	Verified:

Purchase Order Payable To:

Name or Company: _____

Full Address: _____

A signed invoice/receipt must be submitted after approval in order for payment to be made.

Advisor/ Coach's Signature: _____	Date: _____
<i>Approval: We certify that this request has been approved by an official vote of the Foothill High School ASB:</i>	
ASB Officer's Signature: _____	Date: _____
Activities Director's Signature: _____	Date: _____
Administrator's Signature: _____	Date: _____

Office Use Only:

P.O. #: _____ ASB Minutes Approval Date: _____ Debit Account #: _____

Check #: _____ Check Mailed/Received By: _____ Date: _____

A purchase order form must be filled out and submitted to ASB prior to making orders or purchasing items. No advisor/coach has the authority to make purchases on behalf of the district without approval. As an advisor/coach, you will be personally responsible for any unauthorized purchases.