ALAMEDA UNIFIED SCHOOL DISTRICT
Excellence & Equity For All Students

Name of School: AHS

Name of Club: _____

Purchase Requisition

Purchase Requisition - Funds Transfer
Alameda High School
2201 Encinal Avenue
Alameda, CA 94501

: _____ Date: _____
<From Blue Bear>

To:

Vendor Name
Vendor Address

Item Number	Description	Quantity	Unit Price	Total Amount
			TOTAL	

Requested By: _____
(Name of Person) (Name of Club)

For Audit Purposes, please make a copy of the invoice, order form, bill or receipt(s) and attach the originals. The school needs the original in our school files. ATTACH CLUB OR SPORTS TEAM MINUTES

Instructions _____

Approved by: _____ Approved by: _____
Club President/Commissioner/Team Captain Club Advisor/Coach/Dept. Chair

Senate Approval: _____ Date Approved by Senate: _____
ASB Senate Officer

Approved By: _____ Date _____ Approval In Senate Minutes ___
Administrator

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