

ASB Pre-Approval Purchase Request Form

(Submit form to ASB or Bookkeeper Office at least one week in advance)

Vendor: _____
 (Verify the vendor is in Skyward, if not: request a W-9)

Date: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Ordered By: _____
 (please print)

Date PO Needed By: _____

Remember to attach the following to this request if applicable: Price Quotes, Order Forms, Change orders, Proposals

<input type="checkbox"/>	<u>RETURN PO to Advisor/Teacher</u> who will place order.
<input type="checkbox"/>	<u>SEND PO to Vendor and</u> Advisor/Teacher (specify e-mail or fax)
<input type="checkbox"/>	<u>MAIL CHECK to Vendor</u>
<input type="checkbox"/>	<u>Procurement Card will be used</u> by Advisor/Coach/Teacher <div style="text-align: right;">Card # _____</div>

Item No.	Description	Qty.	Unit	Unit Price	Total

\$ _____ Available Account Balance per Club Records

Shipping and Handling:	
Subtotal:	
Plan for Minimum Tax Rate 9.9% :	
Tax to Pay:	
Total:	

Account Name & Code: _____ 00 0000 _____ 0000 0000 0
(Choose by drop down) (Choose by drop down)

 * Student Club/Team Representative (Print, Sign & DATE)

 * Club Advisor/Coach/Teacher (Print, Sign & DATE)

 * ASB Student Treasurer (Print, Sign & DATE)

 * ASB Primary Advisor (Print, Sign & DATE)

Athletic Director (Athletic Purchases)

Bookkeeper