

Lathrop High School  
ASB Requisition



Vendor/Supplier:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State/Zip Code

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Fax Number/Email

PO # \_\_\_\_\_  
 Check: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
**FOR OFFICE USE ONLY**

*Fill this in  
 completely  
 every time*

Club Name: \_\_\_\_\_ Student Representative: \_\_\_\_\_

Description of Items	Quantity	Unit	Unit Price	Total Amount
Date Check is needed by: _____				
<b>List all information pertaining to purchase</b> (who, what, when, and where) Please include any special instructions (ATTN, Do Not Mail, Return PO to Advisor, etc)			Subtotal	
			Tax	
			Shipping	
			Total	

Date Submitted: \_\_\_\_\_ Formal Meeting Date: \_\_\_\_\_ Approved Denied

Reason for Denial: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Admin Signature: \_\_\_\_\_

**Checklist**

- Quote (attach for ALL purchases)
- W-9 (attach for new vendors)
- ASB Club Minutes (attach for ALL purchases)
- Activity Request Form (required for activity, food sales, fundraiser, etc)
- Cafeteria Notification of Sales (attach if selling food during school hours)
- Standard Vendor Contract (if a service is being provided)

\_\_\_\_\_  
 Date Approved in Club Minutes

**Required items must accompany request to be considered. Failure to do so could delay approval until the next Formal Meeting.** See Account Clerk or Activities Director with questions.