

**NMUSD ESTANCIA HIGH SCHOOL ASSOCIATED STUDENT BODY
PURCHASE PRE-APPROVAL FORM**

CONTROL NUMBER

******THIS IS NOT A PURCHASE ORDER******

P.O.# ASSIGNED

ASB Account Name _____

Date _____

Vendor/Payee _____

Account No. _____

AMOUNT REQUESTED \$ _____ Blanket Request? _____ Hard Copy P.O. needed? _____

**Note-All blanket purchase order requests must be itemized with a dollar value per line item.*

ASB ACTION TAKEN: APPROVED _____ DENIED _____ DATE _____

Item Description	Amount

I CERTIFY THAT I HAVE NOT ORDERED/PURCHASED ITEMS OR COMMITTED TO ANY EVENT AND OR TOURNAMENT, ETC., PRIOR TO APPROVAL FROM THE ASB. I WILL BE FINANCIALLY RESPONSIBLE FOR ALL COSTS IF PRE APPROVAL WAS NOT RECEIVED.

Advisor's Signature _____

Activities Director _____

ASB Treasurer/Secretary _____

EHS Administrator _____

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