

**NMUSD-ESTANCIA HIGH SCHOOL ASSOCIATED STUDENT BODY  
PAYMENT REQUEST FORM**

CONTROL NUMBER
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P.O. NUMBER
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**ASB PRE-APPROVAL DATE:** \_\_\_\_\_

**ASB CHECK APPROVAL DATE:** \_\_\_\_\_

ASB Account Name \_\_\_\_\_

Vendor/Payee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Today's Date \_\_\_\_\_

<b>FOR ASB OFFICE USE ONLY</b>
Check Date _____
Account No. _____
Check No. _____

Item Description	Qty.	Price	Extended Amt.
<b>SUB TOTAL</b>			
<b>TAX</b>			
<b>SHIPPING</b>			
<b>TOTAL</b>			

**\*\*\*INTERNAL REQUEST DOCUMENT\*\*\*  
THIS IS NOT A PURCHASE ORDER**

\_\_\_\_\_  
**Payment Requestor/Advisor** (By signing you are  
acknowledging that you received all of the invoiced/purchased items)

\_\_\_\_\_  
**Activities Director**

\_\_\_\_\_  
**ASB Treasurer/Secretary**

\_\_\_\_\_  
**Estancia High School Administrator**