

CONTROL NUMBER

COSTA MESA HIGH SCHOOL
ASSOCIATED STUDENT BODY



DATE: _____

DATE APPROVED: _____

REVENUE POTENTIAL FORM: ATTACHED N/A

1099 STATUS: _____

REQUESTOR/ ADVISOR: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

PAYABLE TO: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LINE	ITEM NO	ITEM DESCRIPTION	QUANT.	UNIT PRICE	EXTENDED AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

NOT TO EXCEED AMOUNT

NOTE: _____

SUBTOTAL:	
TAX:	
SHIPPING:	
TOTAL:	

REQUESTOR/ ADVISOR SIGNATURE

ACTIVITIES DIRECTOR SIGNATURE

ASB SECRETARY/ TREASURER SIGNATURE

SCHOOL ADMINISTRATOR SIGNATURE