

Requisition (High School Use Only)

VENDOR/NAME:					
ADDRESS:		DATE:			
			CLUB NAM	ИЕ:	
			CLUB ACC	CT:	
IF NEW VENDOR – PLEASE	ATTACH W9 FOI	RM		ESTIMA	TED COST
QTY	DES	CRIPTION		UNIT PRICE	LINE TOTAL
WHAT IS YOUR CURRENT CL	UB BALANCE?	\$		SUBTOTAL	
ARE YOU EXPECTING INCOME? IF YES HOW MUCH? \$ SALES T					
		A PRE-PAYMENT?		SHIPPING/FREIGHT	
IS THIS A REIMBURSEMENT? ☐ YES ☐ NO				TOTAL	
Approval:				_	
		(G: ,)			
(Club Advisor – MUST BE CERTIFICATED) (Printed Nam				l Name)	(Date)
`		,	`	,	, ,
(AGD G)	(Signature)		1))		
(ASB Stud		(Printed	l Name)	(Date)	
		(Signature)			
(Site Adm		(Printed	l Name)	(Date)	
		Office Use O	n Iv		
		Office Use O	niy		
Purchase Order #:		_ Issued By:		Date:	