

**BIRMINGHAM COMMUNITY CHARTER HIGH SCHOOL  
ASB CLUB/TEAM  
PURCHASE ORDER REQUEST**

**Policy:** Prior approval by ASB and the designated Administrator is mandatory.

**Procedure:**

1. Complete this form COMPLETELY or it will be returned.
2. Minutes showing club/team approval and vendor quote must be submitted with this request.
3. Submit to the ASB Office for approval at least 2 weeks prior to the required date.
4. Once ASB and Administrative approval are obtained a P.O. will be issued.
5. Non-consumable purchases are the property of BCCHS ASB and may meet the requirement to be inventoried.

VENDOR: _____ ADDRESS: _____ _____ PHONE #: _____	Requested by: NAME _____ DATE _____ CLUB NAME _____ DATE REQ'D _____
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Quantity	Unit	Item Description (including model, size, color, etc.)	Unit Price	Total Price

REASON FOR PURCHASE: _____	Subtotal	\$ _____
_____	Sales Tax	\$ _____
_____	Shipping	\$ _____
_____	<b>Total</b>	<b>\$ _____</b>
CLUB STUDENT APPROVAL _____	DATE	_____
CLUB ADVISOR APPROVAL _____	DATE	_____

<b>Office Use Only</b>	
CLUB BALANCE: _____	REVIEWED BY/DATE: _____