

Sierra High School
ASB Requisition



Vendor/Supplier:

 Name

 Address

 City/State/Zip Code

 Phone Number

 Fax Number/Email

PO # _____
 Check: _____
 Date: _____
 Amount: _____
FOR OFFICE USE ONLY

Fill this in
 completely
 every time

Club Name: _____ Student Club Representative: _____

Description of Items	Quantity	Unit	Unit Price	Total Amount
Date Check is needed by: _____				
List all information pertaining to purchase (who, what, when, and where) Please include any special instructions (ATTN, Do Not Mail, Return PO to Advisor, etc)	Subtotal			
	Tax			
	Shipping			
	Total			

Date Submitted: _____ Formal Meeting Date: _____ Approved Denied

Reason for Denial: _____ ASB Student Signature: _____

Club Advisor Signature: _____ Admin Signature: _____

Checklist

- Quote (attach for ALL purchases)
- W-9 (attach for new vendors)
- ASB Club Minutes (attach for ALL purchases)
- Activity Request Form (required for activity, food sales, fundraiser, etc)
- Cafeteria Notification of Sales (attach if selling food during school hours)
- Standard Vendor Contract (if a service is being provided)

 Date Approved in Club Minutes

Required items must accompany request to be considered. Failure to do so could delay approval until the next Formal Meeting. See Account Clerk or Activities Director with questions.