

Sierra High School
ASB Club 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	

Club Advisor Signature: _____ **Date Approved Club Minutes:** _____

Date Submitted: _____ Formal Meeting Date: _____ Approved Denied

ASB Student Signature: _____ Administrator 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)

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