



WEST HIGH SCHOOL ASB

PO # _____

TRANSACTION PURCHASE ORDER
REQUEST FORM

Date Approved in Meeting Minutes: ATTACH MEETING MINUTE

VENDOR INFORMATION

Name: WHO/WHAT ARE YOU PAYING Date: WHEN IS THIS SUBMITTED?

Address: WHAT IS THEIR ADDRESS Phone: (555) 555-5555

Submitted By: CLUB ADVISOR/PRESIDENT Club: CLUB NAME Acct #: CLUB ASB #

Activity/Fundraiser: ACTIVITY TITLE Date: WHEN IS IT?

Qty	Units	Description/Invoice #	Unit Price	Total
1	each	DESCRIBE ITEM	40.00	40.00
2	dozen	DESCRIBE ITEM	15.00	30.00
				0.00
		ATTACH QUOTE FROM PURCHASE COMPANY		0.00
				0.00
				0.00

Are Funds Available: Yes No Bookkeeper: BOOKKEEPER SIGNATURE Sub Total \$ 70.00

Approved Denied *If denied see Activities Director Tax \$ _____

SPECIAL INSTRUCTION: HAND DELIVER/MAILED CHECK? S & H \$ _____

Principal/Designee: _____ Date: _____ TOTAL \$ 70.00

ASB Treasurer: _____ Date: _____ ASB Advisor: _____ Date: _____

Club Treasurer: CLUB TREASURER SIGNS Date: _____ Club Advisor: CLUB ADVISOR SIGN Date: _____

TRANSACTION CHECK REQUEST FORM

Meeting Minutes

Check # _____ Date Issued _____ Invoice # _____ Amount: _____ Date: _____

Check # _____ Date Issued _____ Invoice # _____ Amount: _____ Date: _____

Check # _____ Date Issued _____ Invoice # _____ Amount: _____ Date: _____

JOURNAL ENTRY/TRANSFER

Journal Enter # _____ Date Issued _____ Invoice # _____ Amount: _____ Date: _____