

Elsinore High School
Associated Student Body

Purchase Order Request

Date _____

Date PO Needed _____

Vendor _____

Club Name _____

Address _____

Club Account # _____

Not to Exceed Amount _____

(only needed for Open PO's)

Phone _____

Fax _____

Person Requesting PO: _____

Item #	Qty	Description	Unit Price	Total Price
			TAX	
			SHIPPING	

Quote Attached?

☐ YES ☐ NO

Club has sufficient funds to encumber this request?

☐ YES ☐ NO

If No, how are you going to raise the funds for this purchase? _____

(No purchase order will be paid without sufficient funds in the account to pay the vendor)

Club Advisor

Club Treasurer