



Purchase Order Form
Justin Garza High School

Today's Date: _____ Club Advisor: _____

To: Vendor Name: _____ PO Number: _____

To: Vendor Address: _____

Item Number	Description	Quantity	Unit Price	Total Amount
			Sub Total	
			Estimated Tax	
			Estimated Shipping	
			Total Purchase Order	

Requested By (Advisor Name): _____

Club Requesting: _____

Date: _____

Notice to Vendor

Please mail the invoice in care of the ASB bookkeeper at the address at the top of the purchase order Please indicate the purchase order number on the invoice

Certification (This section must be completed by club prior to turning in and turned in with minutes)

We certify that this request has been approved and recorded in club minutes:

Club Approval Date: _____

Club or Class: _____

President's Signature: _____

Advisor's Signature: _____

We certify that this request has been approved by ASB or Student Council:

ASB Approval Date: _____

ASB Officer's Signature: _____

ASB Advisor's Signature: _____

Principal's Signature: _____