VISTA MURRIETA HIGH SCHOOL

PURCHASE ORDER REQUEST

Fiscal Year:_____

DATE: _____ CLUB/SPORT: _____

VENDOR: _____ **If a new vendor, MUST attach W-9**

ADDRESS: _____

_____

OPEN P.O. AMOUNT NOT TO EXCEED $_____

QUOTE # _____ *Attach Quote if Available*

Quantity	DESCRIPTION	TOTAL PRICE

_____ _____

Club Advisor Activities Director

_____ _____

Club Treasurer ASB Treasurer

PLEASE ATTACH MINUTES TO VERIFY CLUB AND/OR TEAM APPROVAL OF PURCHASE ORDER

REMINDER: PURCHASE ORDER WILL NOT BE APPROVED IF FUNDS ARE NOT AVAILABLE

OFFICE USE ONLY: DATE ENTERED: _____ P.O. NUMBER: _____