AUBURN SCHOOL DISTRICT #408
ASSOCIATED STUDENT BODY PURCHASE ORDER
AUBURN MOUNTAINVIEW HIGH SCHOOL
28900 124TH AVENUE SOUTHEAST
AUBURN, WA 98002
253 804-4539

VENDOR # _____ P.O. NO. _____

DATE _____

VENDOR _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

BILL TO:	**BOOKKEEPER -** Auburn Mountainview High School 28900 124th Avenue Southeast Auburn, Washington 98092	SHIPPING/ HANDLING SUBTOTAL **COMP?** Y N TAX 10.5% TOTAL	

ACCOUNT NUMBER _____

PRINCIPAL/ASST. PRINCIPAL _____

ADVISOR (ASB/ATHLETICS) _____

STUDENT (ASB OFFICER) _____

ASB BOOKKEEPER _____

Auburn Mountainview Club/Team Meeting Minutes

Team/Club Name: _____ Account Number: _____

Date: _____ Total Number of Members: _____

Members Present (list names or staple a roster of members present):

This meeting was called to order by the club/sport president, _____ at (time) _____.

Financial Motions:

1. _____ made a motion to authorize the club advisor to spend $_____ for _____

   _____.

   Motion seconded by _____

   The motion passed or failed with _____ votes for and _____ votes against.

Non-Financial Motions:

1. _____ made a motion for the club to _____

   _____

   _____.

   Motion seconded by _____

   The motion passed or failed with _____ votes for and _____ votes against.

Adjournment Time: _____

Secretary Signature: _____ Date: _____

Team/Club Advisor Signature: _____ Date: _____