



ASB PURCHASE REQUEST



What is this request? (Check Selection) Cultural ☐ Athletic ☐ Recreational ☐ Social ☐

ASB Account Name: _____

ASB Account #: _____ Date: _____

Vendor: _____

Address: _____

City _____ State/Zip _____ Vendor Phone _____

Event Name: _____

Event Location: _____

Event Dates: _____

Quantity	Description	Unit Cost	Total Cost
Request for Purchase Order?: Yes ☐ No ☐		Subtotal	
Request for P-Card?: Yes ☐ No ☐ Date Needed: _____		Shipping	
Coach/ Club Adviser: _____		Tax	
Club President/ Captain: _____		Total	

Athletic Director/ASB Adviser: _____ Date: _____

ASB Treasurer: _____ Date: _____

Principal: _____ Date: _____

ASB Bookkeeper: _____ Date: _____