RESET

ASB Purchase Request Pre-Approval Form

(Submit form to ASB or Bookkeeper Office at least one week in advance)

Vendor: _____

(Verify the vendor is in Skyward, if not: request a W-9)

Address: _____

_____

Phone: _____

Fax: _____

Email: _____

Ordered By: _____
(please print)

Date Approval Needed By:

Date: _____

Remember to attach the following to this request if applicable: Price Quotes, Order Forms, Change orders, Proposals

☐ STAFF REIMBURSEMENT REQUEST
Must be submitted to finance with 30 days after expense is incurred. Receipts are attached.

☐ SEND PO to Advisor/Teacher who will place order. MAIL

☐ CHECK to Vendor

☐ Procurement Card will be used by Advisor/Coach/Teacher

Card #_____

Item No.	Description	Qty.	Price	Total
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00

$_____Available Account Balance per Club Records

Shipping & Handling:	
Subtotal:	$ 0.00
Plan for Tax Rate 10.02 %:	10.02%
SalesTax:	$ 0.00
Total:	$ 0.00

Account Name & Code: _____ **00 0000 0000 0000 0**
(Club/Sport Name and 4 digit code) *School Location Code)*

* **Student Club/Team Representative** (Print, Sign & DATE)

* **Club Advisor/Coach/Teacher** (Print, Sign & DATE)

* **ASB Student Treasurer** (Print, Sign & DATE)

* **ASB Primary Advisor** (Print, Sign & DATE)

Assistant Principal Designee or Athletic Director (Athletic Purchases)

Bookkeeper

rev 07/02/2026