



Name of School: \_\_\_\_\_

Name of Club: \_\_\_\_\_

## Purchase Order Request Form

Date of Request: \_\_\_\_\_

**ASB Assigned PO #:** \_\_\_\_\_

Amount of PO: \$ \_\_\_\_\_

For:

Requested by: \_\_\_\_\_

- Vendor Specific Purchases
- Open PO for Club
- Reimbursements for Individuals

Name on ASB PO (Vendor /Club /Individual): \_\_\_\_\_

Vendor Contact Name: \_\_\_\_\_ Phone #/Email: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

**ALL PURCHASE ORDER REQUESTS MUST BE SUBMITTED AT LEAST TWO DAYS PRIOR TO THE ASB LEADERSHIP MEETING FOR IT TO BE PROCESSED IN THAT MEETING. ANY REQUEST RECEIVED AFTER THE TWO DAY WINDOW WILL NOT BE PROCESSED UNTIL THE FOLLOWING MEETING.**

**STUDENT CLUB USE ONLY**

Club Meeting Date: \_\_\_\_\_ *We certify that this request has been approved & recorded in the club minutes*

Club Student Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Club Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ASB LEADERSHIP USE ONLY**

**ASB Meeting Date:** \_\_\_\_\_  APPROVED  DENIED

*We certify that this request has been approved by the ASB & recorded in the ASB minutes*

ASB Student Representative: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Admin: \_\_\_\_\_ Date: \_\_\_\_\_